

STRONG: NYS Driver License or Identification (non-driver) Card (Standard, REAL ID, Enhanced)

The purpose of the driver license is to certify that the owner of that license has proven that he/she is capable of operating a motor vehicle on public roads in a safe and responsible manner.

Enhanced Driver License



Back of Driver License or Identification Card



REAL ID



Identification Card (non-driver license)



Standard Driver License



Identification Value we require is circled in red



FAIR: Certified Birth Certificate

A birth certificate is required for Social Security, Medicaid, school enrollment, driver's license, social services such as a marriage license, and more. In addition, it serves as proof of relationship to parents, which is required for child support services, inheritance, and eligibility for benefits.

New York State Department of Health
OFFICE OF VITAL RECORDS
District No. 1601
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH: STATE OF NEW YORK
2. USUAL RESIDENCE OF MOTHER (Where she mother lives?)
a. STATE New York b. COUNTY Erie
3. COUNTY OF BIRTH
4. TOWN
5. CITY OR VILLAGE
6. CITY OR VILLAGE
7. NAME OF HOSPITAL OR INSTITUTION
8. STREET ADDRESS
9. In residence on date?
10. In residence on date?

3. CHILD'S NAME (Type or print)
Thomas Joseph Palmeri

4. SEX: male
5. THIS BIRTH: SINGLE TWIN TRIPLET
6. IF TWIN OR TRIPLET, WAS HELD SEPARATELY? YES NO
7. FULL NAME: Joseph
8. AGE (AT TIME OF BIRTH) YEARS: 21

MOTHER: PATHER:
9. BIRTHPLACE (State or foreign country): Buffalo, N.Y.
10. USUAL OCCUPATION: Student
11. KIND OF BUSINESS OR INDUSTRY: College
12. FULL MAIDEN NAME: Donna
13. AGE (AT TIME OF BIRTH) YEARS: 21

13. BIRTHPLACE (State or foreign country): Buffalo, N.Y.
14. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include still-births)
a. How many OTHER children were born alive but are now dead? 0
b. How many OTHER children were born dead after 28 weeks pregnancy? 0

15. LENGTH OF PREGNANCY COMPLETED WEEKS: 40
16. WEIGHT OF CHILD AT BIRTH (GMS OR LBS. OR OZS.): 7 LBS. 0 OZS.

17. MOTHER'S MAILING ADDRESS: [REDACTED]

I hereby certify that I attended the birth of this child who was born alive on the date stated above at 11:00 A.M.

18. SIGNATURE: [REDACTED] M.D.
19. ADDRESS: 71-North St.
20. DATE SIGNED: 5/9 1965

21. DATE FILED BY LOCAL OFFICE: MAY 12 1965
22. SEVEN NAME ADDED: [REDACTED]

FOR MEDICAL AND HEALTH USE ONLY
(NOT TO BE COPIED INTO LOCAL REGISTERS)

MARGIN RESERVED FOR BINDING
SPECIFIC INSTRUCTIONS: THIS FORM MUST BE FILLED WITHIN FIVE DAYS AFTER BIRTH. HAND-PRINT, OR WRITE LEGIBLY IN PERMANENT BLACK OR BLUE-BLACK INK. SIG- SHOULD BE LEGIBLE. THIS IS A PERMANENT RECORD.
S. 34a (Rev. 1-65) (10-25-64) (Rev.)

FAIR: Certification of Report of Birth (Form DS-1350)

The Department of State issues a DS-1350 to U.S. citizens in the U.S. who were born outside the U.S. and acquired U.S. citizenship at birth, based on the information shown on the FS-240. When the birth was recorded as a Consular Report of Birth (FS-240), certified copies of the Certification of Report of Birth Abroad (DS-1350) can be issued by the Department of State in Washington, D.C. The DS-1350 contains the same information as that on the current version of Consular Report of Birth FS-240. The DS-1350 is not issued outside the U.S.

159- 1018159

UNITED STATES OF AMERICA
DEPARTMENT OF STATE

Certification of Report of Birth
of a United States Citizen

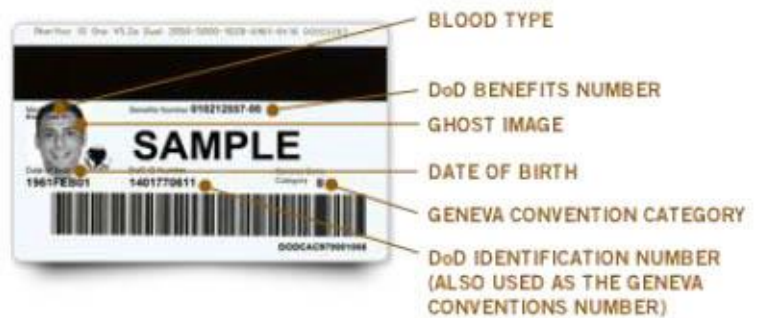
This is to certify that the birth of IMA SAMPLE sex FEMALE
born at DESOLATION MONGOLIA
on APRIL 1, 1996 was registered with the Consular Service of the United States and a
Consular Report of Birth was issued at BISHKEK, KYRGYZSTAN
on SEPTEMBER 10, 1996
Father PARENTS Mother
DADDY SAMPLE MOMMY SAMPLE
Date of Birth APRIL 1, 1970 Date of Birth APRIL 1, 1975

CONDOLEEZZA RICE
Secretary of State
Authentication Officer, Washington, D.C.
OCTOBER 27, 2005
Date

FORM DS-1350 WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the office of issuance.

FAIR: Common Access Card

The Common Access Card (CAC), a "smart" card about the size of a credit card, is the standard identification for active duty uniformed Service personnel, Selected Reserve, Department of Defense (DoD) civilian employees, and eligible contractor personnel.



FAIR: Employee ID

Employee IDs are only acceptable if they have a photograph and a unique identifying number.



FAIR: Federal, State, or Local Government Issued ID

Varies by ID type. Government Issued IDs are only acceptable if they have a photograph and a unique identifying number.

FAIR: Financial Account (Bank Statement or Credit Card)

A bank account or credit card and associated statement is issued to an individual by a financial institution.

ACCOUNT STATEMENT

Date: April 1 through April 30
 A/c No: 0070543210
 Statement: ABCD12345

BANK NAME
 Street Address
 City, State 54321

Account Summary

Previous Balance	\$ 3,000.00
Credits	\$ 1,250.00
New Charges	\$ 537.50
Total Balance Due	\$ 2,287.50
Payment Due Date	26-Aug-2018

Bill To:

Name:
 Company Name:
 Street Address:
 City:
 Phone:

Date	Invoice #	Description	Charges	Credits	Line Total
6/20/18		Previous Balance (Forwarded)			\$ 3,000.00
6/30/18	INV00123	New Charges for INV00123	\$ 500.00		\$ 3,500.00
6/30/18		INV00156 payment overdue charges (5%)	\$ 37.50		\$ 3,537.50
7/03/18	INV00123	Payment Received		\$ 1,250.00	\$ 2,287.50

Account Current Balance \$ 2,287.50

magnify | *Intelligence*



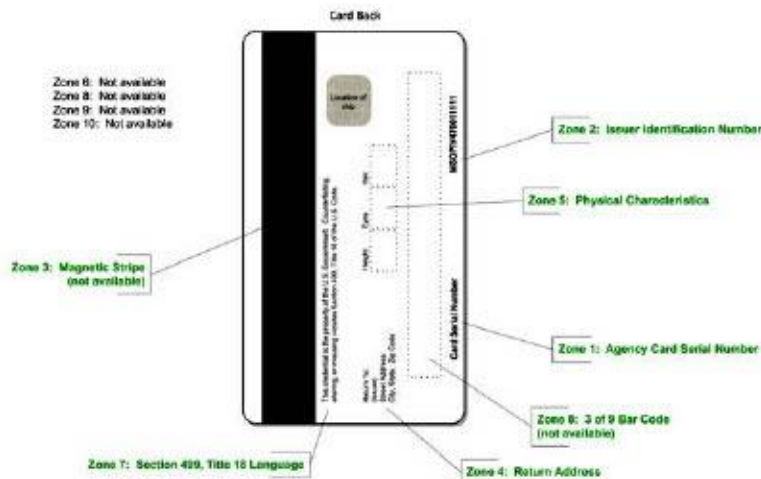
FAIR: Identification Card for US Citizen in the US (Form I-179)

Immigration and Naturalization Service (INS) issued Forms I-179 to U.S. citizens who are residents of the United States. This card does not contain an expiration date, and is valid indefinitely.



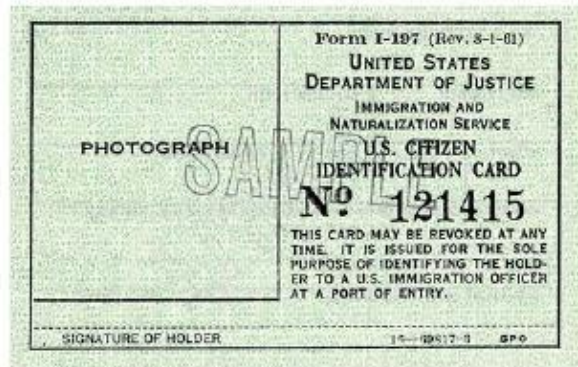
FAIR: Personal Identification Verification (PIV) Card

A Personal Identity Verification (PIV) credential is a US Federal governmentwide credential used to access Federally controlled facilities and information systems at the appropriate security level.



FAIR: US Citizen ID Card

The former Immigration and Naturalization Service issued Form I-197 to naturalized U.S. citizens.



FAIR: Utility Bill

A utility bill (gas, water, electricity, landline phone, internet or cable bills are acceptable), no older than three months.



An Exelon Company
Page 1 of 2

<p>Name: SAMPLE CUSTOMER Account Number: 01234-56789 Phone Number: 800-494-4000 Service Address: 2301 Market St, Philadelphia</p>	<p>Emergency and Repair  800-941-4143 <small>This is the number to call to report power outages, gas leaks or other, and safety hazards related to PECO Equipment.</small></p>						
<p>PECO ELECTRIC DELIVERY</p> <div style="text-align: center;">  <p>ELECTRIC \$148.49</p> </div> <p>TAXES & FEES</p>	<p>Billing Summary</p> <p>Bill Date: 09/18/2017 Thank you for your payment of \$176.08 on 08/01/2017</p> <p>Current Period Charges</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Electric</td> <td style="text-align: right;">\$148.49</td> </tr> <tr> <td>Total New Charges</td> <td style="text-align: right;">\$148.49</td> </tr> <tr> <td>Total Amount Due on 09/11/2017</td> <td style="text-align: right;">\$148.49</td> </tr> </table>	Electric	\$148.49	Total New Charges	\$148.49	Total Amount Due on 09/11/2017	\$148.49
Electric	\$148.49						
Total New Charges	\$148.49						
Total Amount Due on 09/11/2017	\$148.49						
<p>General Information Rescheduled meter reading: 09/20/2017</p> <p>1-800-494-4000 <small>If you have any questions or concerns, please call 800-494-4000 before the due date. Si tiene alguna pregunta, favor de llamar al numero 1-800-494-4000 antes de la fecha de vencimiento.</small></p> <p>peco.com/service Customer Self Service - Manage Your Account 24/7 <small>Start, stop and move your service</small></p>							

 [Online: peco.com](http://peco.com)
 In Person: 2301 Market St, Philadelphia, PA 19103
  By Phone: 1-800-494-4000

Return only this portion with your check made payable to PECO. Please write your account number on your check.

PECO
 1201 Market Street
 Philadelphia, PA 19103-1399

Pay Today!
peco.com/ebill
Go paperless: receive and pay your bill online.

Enroll in Automatic Payment. Complete form on reverse side.
 Register a donation to MCAF. Complete form on reverse side.

Account # 01234-56789  877-432-9384
Stop by phone, a convenience fee will apply (\$2.95 fee)

Please pay this amount by
09/11/2017 **\$148.49**

Payment Amount \$

000001 01 09 048 11 0916 P H 1 042 1805 13001 02061 P00004 12 4
 012345678901001484972540148496