

[ ]  
[ ]

[ ]  
[ ]

(Date)

Dear

You recently applied for a replacement birth certificate from the state of \_\_\_\_\_ . It has been 60 days and you still have not provided birth certificate(s) for the following individual(s):

Name(s)

Please provide your birth certificate(s) within 10 days or by \_\_\_\_\_ ,  
(mm/dd/yy)  
or you may not be eligible for Medicaid. You can bring the original birth certificate(s) to the County Assistance Office or mail it in the enclosed postage-paid envelope.

If you have questions or need more time to provide your birth certificate(s), please call me at \_\_\_\_\_ .  
(worker's phone number)

Sincerely,

\_\_\_\_\_  
(CAO signature)

Enclosure