

# Cal South Foreign Document Translation Form

Foreign Language Birth Documents must have the document translated using this form

Player Last Name	_____
Player First Name	_____
Player Middle Name	_____
Player Date of Birth	_____
Player Place of Birth	_____
Name of Mother	_____
Name of Father	_____

Translator's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**A copy of the Foreign Language Birth Document must accompany this form.**

Date \_\_\_\_\_