

MINNESOTA
DRIVER'S LICENSE



MICHAEL WILLIAM GRUCHALA
8481 12TH AVE S
BLOOMINGTON, MN 55425

Date of Birth 05-12-1966

Sex Eyes Class

M BLU D

Height Weight DONOR

6-1 200

ISSUED 05-2016

EXPIRES 05-12-2020

Y276294448314

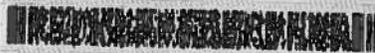
Michael Gruchala

CLASS: D - VALID SINGLE UNIT AND COMBINATIONS UP TO 26000
LBS GVWR, ALL RECREATIONAL & FARM VEH (M.S. 171.02)

06-12-1988

ENDORSEMENT: NONE

RESTRICTIONS: NONE



CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE
FILE
NUMBER

CERTIFICATE OF LIVE BIRTH

LOCAL REGISTRAR DISTRICT AND COUNTY DATE NUMBER
7087-041019

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

THIS CHILD	1A NAME OF CHILD—FIRST NAME MICHAEL		1B MIDDLE NAME WILLIAM		1C LAST NAME GRUCHALA	
	2 SEX MALE	3A THIS BIRTH SINGLE TWIN OR TRIPLET? SINGLE	3B IF TWIN OR TRIPLET THIS CHILD BORN 1ST AND 3RD?		4a DATE OF BIRTH—MONTH DAY YEAR MAY 12 1966	4b HOUR 5:58 P M
PLACE OF BIRTH	5A PLACE OF BIRTH—NAME OF HOSPITAL HOLY CROSS HOSPITAL				5b STREET ADDRESS—STREET OR RURAL ADDRESS OR LOT AND BLOCK AND NEAR ROUTE NO. 15031 RINALI STREET X	
	5c CITY OR TOWN LOS ANGELES				5d COUNTY LOS ANGELES	
MOTHER OF CHILD	6A MAIDEN NAME OF MOTHER—FIRST NAME JACQULYN		6B MIDDLE NAME LEE		6C LAST NAME TURNER	
	8 AGE OF MOTHER (AT TIME OF THIS BIRTH) 24 YEARS	9 BIRTHPLACE—STATE OR FOREIGN COUNTRY CALIFORNIA		7 COLOR OR RACE OF MOTHER WHITE		
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11a USUAL RESIDENCE OF MOTHER—STREET ADDRESS 19011 OLYMPIA STREET				11b IF INSIDE CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE IF OUTSIDE CITY CORPORATE LIMITS <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM	
	11c CITY OR TOWN LOS ANGELES (NORTHRIDGE)				11d COUNTY LOS ANGELES	
FATHER OF CHILD	12A NAME OF FATHER—FIRST NAME PETERPAUL		12B MIDDLE NAME		12c LAST NAME GRUCHALA	
	14 AGE OF FATHER (AT TIME OF THIS BIRTH) 24 YEARS	15 BIRTHPLACE—STATE OR FOREIGN COUNTRY NEW YORK		13 COLOR OR RACE OF FATHER WHITE		
INFORMANT'S CERTIFICATION	17a PARENT OR OTHER INFORMANT—SIGNATURE <i>Jacqueline Lee Gruchala</i>				17b DATE SIGNED BY INFORMANT MAY 15 1966	
	17c ADDRESS 22030 SHERMAN WAY				17d KIND OF INDUSTRY OR BUSINESS TELEPHONE	
ATTENDANT'S CERTIFICATION	18a PHYSICIAN—SIGNATURE <i>Herman G. Sturman M.D.</i>				18b ADDRESS CANOGA PARK, CALIF.	
	19 DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT				20 LOCAL REGISTRAR—SIGNATURE <i>Schmidt</i>	
REGISTRAR'S CERTIFICATION					21 DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1966	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack
CONNY B. McCORMACK
Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

OCT 0 3 2000
19-055035

