Affidavit Form PDF

Personal Information

- Name of Affiant: _____
- DOB (MM/DD/YYYY): _____
- Occupation: _____
- Physical Address: _____
- Contact Information: _____

Statement Section

- Subject Matter: _____
- **Detailed Affidavit Statement:**

Please write your statement in the space below, use additional sheets if necessary.

_____

_____

Evidence Table

Document Description	Date	Document Number	Attached (Yes/No)

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Consent & Declaration

- I hereby declare that the information provided is true and accurate to the best of my knowledge.

Signature of Affiant: _____ Date: _____

Notarization

To be completed by a Notary Public

Notary Signature: _____ Date: _____

Seal:

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