Free Affidavit Form

[Full Name]				
[Date of Birth]		[Age]		
[Current Address]				
[Contact Number]				
Statement of Fact				
[Describe the fact	that you are affiri	ming]:		
Evidence Supporti	ng Statement (If	applicable, attach d	ocuments)	

Sworn Declaration

I, [Full Name], hereby declare under penalty of perjury that the above statements are true and correct to the best of my knowledge.

Date:	Place:
Signature:	
Notary Public Acknowledgment	
State of	
County of	
	ne], personally appeared [Affiant's Name], known to
,	ne person whose name is subscribed to the within they executed the same for the purposes therein
contained.	riey executed the same for the purposes therein
In witness whereof, I hereunto set m	ny hand and official seal.
Notary Signature:	
Seal:	