**Free Sworn Affidavit Form**

horizontal line

**Identifying Information  
Name of the Declarant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Identification No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration  
I hereby declare the following under oath:**

**Acknowledgment  
This document was sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20  
Signature of Affiant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Witness or Notary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checkbox Confirmation  
☐ I affirm that this affidavit is made for the purpose of asserting a legal right or defense.**