**Free Sworn Affidavit Form**



**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.**