

Sworn Affidavit Form Online

Parties Involved

Affiant Name: _____

Social Security Number: _____

Address: _____

Affidavit Statement

I, the undersigned, state that the following information is true to my personal knowledge:

Truth Confirmation

Signature of Affiant: _____

Date: _____

Table for Additional Details

Date	Location	Witness	Detail

Notarization (if applicable)

Notary's Signature: _____

Date: _____