**Affidavit of Domicile Form Template**

**State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Your Full Name), currently residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Your Address), in the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare under oath the following:**

1. The deceased, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Deceased’s Full Name), was my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Relationship to Deceased).
2. The deceased passed away on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date of Death), and was domiciled at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Deceased’s Address) in the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. The deceased lived at the above residence for \_\_\_\_\_\_\_ years without interruption prior to their death.
4. I am providing this affidavit to confirm the deceased’s domicile for the purpose of settling their estate, handling financial matters, or fulfilling legal requirements.
5. I affirm that the information provided in this affidavit is true, complete, and accurate to the best of my knowledge.

**Certification of Affiant**

* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Email (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Section (Optional)
I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Witness Name), residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Witness Address), hereby affirm that I witnessed the signing of this affidavit by the declarant on this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_*, 20*.**

* **Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**