

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:** _____