**Free Affidavit of Domicile Form**

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

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name), residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Address), declare under oath the following statements:**

1. I was acquainted with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Deceased’s Full Name), who died on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date of Death).
2. At the time of death, the deceased was domiciled at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Deceased’s Address), in the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. I am submitting this affidavit for legal purposes related to the transfer of assets, settlement of the estate, or as requested by financial institutions.
4. I have full knowledge of the deceased’s residency status and confirm the information provided is accurate and complete.
5. I understand that knowingly providing false information in this affidavit could subject me to legal penalties.

**Affiant’s Certification**

* **Signature of Affiant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary Section
Subscribed and sworn before me on this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_*, 20*.**

* **Notary Public Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Notary Seal**
* **My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**