

# 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: \_\_\_\_\_