

Support Consent Affidavit Form

Affidavit of Support Consent

I, _____, residing at _____, hereby declare my consent for the following purpose related to support as outlined below.

Recipient's Information

Full Name: _____

Date of Birth: _____

Relationship to Affiant: _____

Purpose of Consent

Support Type	Amount or Value	Frequency	Conditions
Financial Support			
Educational Support			
Medical Support			
Other:			

Validity of Consent

This consent shall remain valid until _____ or until revoked in writing by the undersigned.

Affirmation

I declare that the above information is true and that this consent is provided voluntarily.

Signature and Date

Affiant Signature: _____

Date: _____