

AFFIDAVIT FORM

State of _____, County of _____

My current legal name is _____, and my current occupation is _____.
I am presently _____ years old, and my current address of residence is _____,

_____.

I hereby state that the information above is true, to the best of my knowledge. I also confirm that the information here is both accurate and complete, and relevant information has not been omitted.

Signature of individual

Date

Notary public

Title and rank

Date of commission expiry
