|  |  |
| --- | --- |
| State of \_\_\_\_\_\_\_\_\_\_ |  |
|  | |

**AFFIDAVIT OF IDENTITY**

State of \_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_

I, the undersigned, being duly sworn, hereby affirm on \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, that:

1. My legal name is \_\_\_\_\_\_\_\_\_\_. My date of birth is \_\_\_\_\_\_\_\_\_.
2. My social security number is: \_\_\_\_\_\_\_\_\_
3. I currently reside at the following address: \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_
4. My telephone number is: \_\_\_\_\_\_\_\_\_\_.
5. I have presented to my Notary public, as proof of my identity, the following valid ID: (Check one)

Government ID: Passport

State issued ID: Driver’s License

State issued ID: Identity Card

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The purpose of this affidavit is to provide, establish, and verify my identity for: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. I understand that falsification of this affidavit may be a criminal offense and could lead to prosecution to the fullest extent of the law.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | Signature |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | Printed Name |

**NOTARY ACKNOWLEDGMENT**

|  |  |
| --- | --- |
| State of \_\_\_\_\_\_\_\_\_\_ | ) |
|  | )     **(Seal)** |
| County of \_\_\_\_\_\_\_\_\_\_ | ) |

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, by the undersigned, \_\_\_\_\_\_\_\_\_\_, who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_