



Full Name

Date of Birth

Mailing Address: Street Address

Social Security Number

Mailing Address: City, State, Zip Code

Home Phone

Physical Address: Street Address

Cell Phone

Physical Address: City, State, Zip Code

Work Phone

By signing this affidavit, I swear that the information above is true.

Signature

Notary: Obtain one of the following and provide the information below.

US or Canadian Driver's License

US or Canadian ID Card

Passport

Alien Registration Card

Military ID Card

State Issued

Country Issued

Date Issued (if any)

ID Number

Expiration Date (if any)

State of

County of

SS

Subscribed and sworn to before me, in my presence, this _____ day of _____,
20____.

Notary Public

My Commission Expires (date)