

Full Name		Date of Birth	
Mailing Address: Street Address		Social Security Number	
Mailing Address: City, State, Zip Code		Phone Number □Home □Cell	
Physical Address: Street Address		Email Address	
Physical Address: City, State, Zip Code		Mother's Maiden Name	
By signing this affidavit, I swear that the	e information above is true.		
Signature			
Notary: Obtain one of the following and □US or Canadian Driver's License □Alien Registration Card	d provide the information below. □US or Canadian ID Card □Military ID Card	□Passį	port
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)	