

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

## AFFIDAVIT OF IDENTITY

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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: \_\_\_\_\_
6. The purpose of this affidavit is to provide, establish, and verify my identity for: \_\_\_\_\_  
\_\_\_\_\_.
7. 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



