**AFFIDAVIT OF IDENTITY**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the county of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and being duly sworn, do hereby depose and attest that:

1. My full and legal name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. My current address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. My Social Security number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. As proof of identity, I have presented the public notary the following photo ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. I understand that the purpose of this document is to demonstrate that I am the proven client of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. I understand that the falsification of this document is a felony offense, and I swear that all of the aforementioned information is true.

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

AFFIANT

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Notary Public),

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County.

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_