STATE OF	
COUNTY OF)	SS.:
A 	FFIDAVIT
	·
I,(full name, incl. maiden name and	any previous names used)
residing at	
residing at (present mailing address)
phone number:	
e-mail:	
after being duly sworn, do hereby sa	y as follows:
I was born on	in
(date)	(city and country)
I am a citizen of	living unmarried/married to (name of spouse)
	, ,
/as a widow(er) of	/ (name of deceased spouse)
as a divorcé(e), currently residing at	the address given above
as a divorce(c), currently residing at	the address given above.
	(signature)
Subscribed and sworn to before me this day of,	
	(Notary Public)
My commission expires on	
Print, Type or Stamp Commissioned	Name of Notary Public
Type of Identification Produced	