AFFIDAVIT OF NO SOCIAL SECURITY NUMBER

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do solemnly swear that in my capacity as a natural & private person did not request a U.S. Social Security Number. Nor will any records reflect that I personally was issued a SSN by means of a verifiable signature on file with the SSA. This fulfills the requirement per the PASSPORT ISSUANCE DEPARTMENT.

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of this document.

State of California )

 ) **For Verification Purposes Only**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County )

In the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before me,

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

 Date *Here Insert Name and Title of the Officer*

By Special Appearance, in Propria Persona, proceeding Sui Juris and Age of the Majority the living private person appeared\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has declared to be a **national of the United States** of America Republic (22) The term “national of the United States” means (~~A) a citizen of the United States~~, or (B) a person who, though not a citizen of the United States, owes permanent allegiance to the United States of America Republic. **[8 USC § 1101(b)(22)](https://www.law.cornell.edu/uscode/text/8/1101%22%20%5Cl%20%22a_22)**. By means of Certificate of Live Birth, Authenticated Birth Certificate, Family Bible, Sworn Elder Family or USA Passport or etc. Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his /her / their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Wisconsin that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

 Common Law Seal of Natural Being

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_/\_\_\_

Place Notary Seal