

Affidavit / Personal Statement

Name of Affiant:	Date of E	Birth:	Place of Birth:	
Affiant's Address:				
The purpose of this letter is to s	tate the following:	(provide your statemen	t in the space below)	
I hereby swear or affirm that the information is omitted. I, the above-named the State of				
		Signature of Affian	it	Date
This sec	tion must be completed l	by a U.S. commissioned N	Notary Public	
State: TENNESSEE County:				
On thisday of	, 20, before	me, the undersigned not	tary public, personally	appeared
instrument and acknowledged that sucl		e the person described i		ne foregoing
•	•	ame as such persons in	ee act and deed.	Notary Seal
In-PersonOnline Notari				
Personally KnownProd	duced I.D. type/ID #: _ _			
Notary Signature				
Print:				
My Commission Exp.				