VERIFICATION ON OATH OR AFFIRMATION WITH AFFIANT STATEMENT

State of	- } ss.
County of	_ } 33.
☐ See Attached Document (Notary to cross out lines 1–7 below) ☐ See Statement Below (Lines 1–7 to be completed only by document signer[s], <i>not</i> Notary)	
1	
2	
3	
4	
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7	
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
	Subscribed and sworn to (or affirmed) before me
	this, day of,, by
	Day Month Year
	Name of Signer No. 1
	Name of Signer No. 2 (if any)
	Nume of Signer No. 2 (if dry)
	Signature of Notary Public
	dignature of Hotaly Fability
Place Notary Seal/Stamp Above	Any Other Required Information
,	(Residence, Expiration Date, etc.)
OPTIONAL	
Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.	
Description of Attached Document	
Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	

Verification on Oath or Affirmation with Affiant Statement

If no other format is prescribed, this certificate may be used when an individual is signing and swearing (or affirming) that certain written statements are true.

The text space provided (lines 1–6) is available for a document signer to type or neatly print (in ink) a written statement. This portion of the certificate should *not* be completed by the Notary. A person completing any of lines 1–6 must sign this form on line 7 in the presence of the Notary, who would also administer an oath or affirmation.

If this verification on oath or affirmation is to be attached to another document, then the Notary should cross out lines 1–7. The signer would affix a signature on the attached document, not on this certificate, in the Notary's presence.

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document. The insertions in this section are not required by law. Failure to fill out this section will not affect the validity of the certificate.