Selah Place of Oregon County, Inc.

VOLUNTARY STATEMENT

Report #: _____

_____

Statement of: _____ Date/Time: _____

Physical Address: _____ SSN: _____

Mailing Address: _____ DOB: _____

City/State/Zip: _____ County: _____

Telephone-Home: _____ Work: _____ Cell: _____

I VOLUNTEER THE FOLLOWING INFORMATION OF MY OWN FREE WILL.

_____

_____

_____

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_____

I have read each page of this statement consisting of ____ page(s), each page of which bears my signature, and corrections, if any bear my initials, and I certify the facts contained herein are true and correct.

Dated at: _____, this _____ day of _____

Witness: _____ Witness: _____

FALSE STATEMENTS ARE PUNISHABLE BY LAW

Signature of person giving voluntary statement: _____