AFFIDAVIT OF IDENTITY

State of _____ County of _____

I, _____ (the "Affiant"), of _____, being first duly sworn (or having solemnly affirmed), state as follows.

1. THE AFFIANT

I am at least 18 years old, of sound mind, and competent to make this affidavit. I have personal knowledge of the facts stated in it.

2. PURPOSE OF THIS AFFIDAVIT

This affidavit is made to confirm my identity for: [ ] name variations (one and the same person) [ ] identity theft [ ] banking or credit [ ] real estate or title [ ] an official record [ ] other: _____.

It is given to: _____, which may rely on the statements in it.

3. IDENTITY OF AFFIANT

My full legal name is _____. I was born on _____ in _____.

4. OTHER NAMES USED

Besides my full legal name, I have used, or have been identified in records by, the following names (name, and where it appears):

1. _____

2. _____

3. _____

Each name listed above refers to me, and we are one and the same person. The difference in names comes from: [ ] marriage or divorce [ ] a spelling or typing error [ ] a nickname, shortened name or initials [ ] a middle name or suffix [ ] another reason: _____.

I have not used any of these names to mislead anyone, to avoid a debt or other obligation, or for any unlawful purpose. This affidavit does not change my legal name.

5. FACTS FOR THE PURPOSE STATED

(Identity theft, account, property or official record: describe the record, the name it shows, and why it does or does not refer to you. Use only the last four digits of any account number.)

_____

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6. IDENTIFICATION DOCUMENTS

I hold the following identification documents, each issued to me (last four digits of any number only): [ ] driver's license or state ID, issued by _____, ending in _____ [ ] passport, ending in _____ [ ] Social Security card, ending in _____ [ ] birth certificate [ ] other: _____.

[ ] Copies are attached, and each is a true and correct copy of the original. [ ] I will produce the originals on request.

7. OATH

I declare under penalty of perjury under the laws of the State of _____ that the statements in this affidavit are true and correct. I understand that a knowingly false statement in this affidavit is perjury and may be punished by law.

Date signed: _____

SIGNATURES

Affiant

Signature: _____ Date: _____

Printed Name: _____

NOTARY JURAT

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me on _____ by _____, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public: _____ Printed name: _____ My commission expires: _____ (Seal)

Note: some states, including California and Florida, require the notary to use a jurat in the state's own wording. The notary may attach that certificate instead. This affidavit is not the Identity Theft Report created at IdentityTheft.gov and is not any agency's official form.

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