Active-Duty Military Status Verification

Affidavit

State of	_		
County of			
	eing duly sworn deposes and	states as follows under pe	enalty of perjury:
(First and Last Name)			
1. My name is	, I am presently Name) (Age)		
(First and Last years old, and my current address of	t <i>Name)</i> f residence is	(Age)	
		(Street Address)	
(City)	(State)	(Zip Code)	_ ·
I affirm that I am currently servir affidavit.	ng in the Armed Forces of the	e United States as of the da	ate of this
I herby swear of affirm that the information has be		nd complete to the best of	f my knowledge,
Date:	_		
Signature of Individual:			
Subscribed and affirmed before me this	day of (Day) ersonally known to me or wh		, by , by
(Affiant's Name)	isonally known to me or win	o nas produced	
	as identification	on.	
(Type of Identification)			
		Signature	of Notary Public
		Notary Publi	c's Printed Name
		 Date of Co	ommission Expiry

Revised Date: November 22, 2024