

AFFIDAVIT

STATE OF INDIANA

COUNTY OF _____ } SS:

NAME(s): _____

ADDRESS: _____

DEPOSES AND SAYS UPON HIS/HER OATH THAT:

I SWEAR OR AFFIRM THAT THE INFORMATION I HAVE ENTERED ON THIS FORM IS CORRECT. I UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY CONSTITUTE THE CRIME OF PERJURY.

SIGNATURE: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____,
20____. MY COMMISSION EXPIRES ON THE _____ DAY OF _____, 20____.

NOTARY PUBLIC