NOTARIZED SWORN STATEMENT OF THE CLAIMANT

Claim Number _____

After being duly sworn, the affiant states as follows:

1. My full name is _____.

2. My current address is _____
Street Address

_____
City County State ZIP Code

3. My date of birth is: month _____, date_____, year_____

_____
Signature of Affiant

STATE OF)
COUNTY OF)

Sworn to and subscribed before me this_____ , day of

_____, _____, by _____.
(Month) (Year) (Name of person making statement)

_____
(Signature of Notary Public)

_____
(Print, Type, or Stamp Commissioned Name of Notary Public)

_____
Address of Notary

_____
City County State ZIP Code

***Notary must identify the type of government issued photographic identification produced that verifies Affiant's name and date of birth as stated on this form above.**

Type of identification shown to Notary by Affiant (such as a drivers license, state identification card, passport, or other similar valid government issued photographic identification): _____

*** Pursuant to Section 717.124(1), FS, the claimant must produce to the notary photographic identification of the claimant issued by the United States, a state or territory of the United States, a foreign nation, or a political subdivision or agency thereof.**