## **NOTARIZED SWORN STATEMENT OF THE CLAIMANT**

			Clai	m Number	
After	being duly sworn, the affia	nt 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: mon	th	, date	, year	
Signa	ture of Affiant	_			
	E OF ) NTY OF )				
	Sworn to and subscribe	d before me this	, day of		
(Mont	(Year), by	(Name of person m	aking statement)		
(Signa	ature of Notary Public)				
(Print	, Type, or Stamp Commiss	ioned Name of Nota	ary Public)		
	Address of Notary				
	City	County	State ZIP	Code	
	nry must identify the type es Affiant's name and da				produced that
identi	of identification shown to Nification card, passport, or offication):	other similar valid go			

\* 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.