

**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.**