

# Identity Confirmation Affidavit

I,

Full Name of Affiant

declare under oath as follows:

Date of Birth

Address

Phone Number

Email (optional)

I confirm that I am the individual named above. This affidavit is made to confirm my identity for the following purpose:

I affirm that the information provided in this affidavit is true and accurate to the best of my knowledge.

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Signature

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Date