**STATE OF [INSERT STATE]**

**COUNTRY OF [INSERT COUNTRY]**

**IN THE OF [COURT AND JURISDICTION]**

**AFFIDAVIT OF RESIDENCY**

I, [INSERT NAME], the undersigned, being duly sworn, hereby affirm on the [INSERT DATE]:

1. My legal name is [INSERT NAME]. My date of birth is [INSERT BIRTHDATE].
2. My social security number is: [INSERT SOCIAL SECURITY NUMBER].
3. I currently live at [INSERT ADDRESS]. I have lived at this address [INSERT TIMEFRAME].
4. The following people can attest to my residency at this location:
	1. Name: [INSERT NAME]
	2. Relation to me: [INSERT RELATIONSHIP]
	3. Name: [INSERT NAME]
	4. Relation to me: [INSERT RELATIONSHIP]
5. [INSERT ADDITIONAL INFORMATION]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

**Printed name:**

**Date:**

**NOTARY OF ACKNOWLEDGEMENT**

State of: [INSERT STATE]

Country of: [INSERT COUNTRY] (**Seal**)

This Affidavit of Residency was acknowledged on the [INSERT DATE] by the undersigned, [INSERT UNDERSIGNED NAME], who has satisfactorily proven to me to be the person whose name is subscribed to this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public**

**My Commission Expires on the:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_