## IOWA DEPARTMENT OF PUBLIC HEALTH

## AFFIDAVIT BY EMPLOYER FOR AN EMPLOYEE WHO WAS WORKING AT TIME OF DISAPPEARANCE

STATE OF		) SS.:	
COUNTY OF		)	
l,			attest the following:
1. I am the		(title) of	(firm or business)
with offices located at firm/ business and the	efforts described here	in.	, and I am familiar with the records of the
2. On	, said firm/business m	aintained offices a	
in the building of		in the city, town of	, State
3. Name of missing pe	erson		
Social Security Number	ecurity Number isDate of birth		h
was employed by said	firm/business on		
4. Said person is belie	eved to have been at th	e offices located at	
within the building of _			
5. The basis for my be	elief of the presumed de	eath is	
5. To my knowledge, t	here has been no cont	act from the missing person since	
6. The following efforts	s have been made to lo	ocate said missing person without succ	cess.
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Attested before me on			
Month Day_	Voar	Signatura	
vioritiDay_	I Cai		
Notary Signature			
		little	
Commission expires			

Notary Stamp