

AFFIDAVIT BY GOVERNMENT OFFICIAL FOR A GOVERNMENT EMPLOYEE MISSING WHILE INVOLVED IN RESCUE EFFORTS

STATE OF _____)
SS.:
COUNTY OF _____)

I, _____, attest to the following:

1. I am the _____ (title) of _____ (division), with _____ (agency) located at City, _____ State _____ and I am familiar with the records maintained by such office.

2. Name of missing person _____, Social Security Number _____ Date of birth _____, was an employee of _____ on _____ and has not been seen or heard from since that time.

Signature

Print Name

Title

Attested before me on the
Month _____ Day _____ Year

Notary Public

Commission expires on _____

Notary Stamp