

AFFIDAVIT OF PERSONAL KNOWLEDGE OF A MISSING PERSON

STATE OF _____)

SS.:

COUNTY OF _____)

I _____ attest to the following:

1. I reside at _____
Enter the number and street address, city/town, county, and zip code

2. I understand that this affidavit is made to assist in a determination that

Enter the name of the missing person

Enter the presumptive cause of the death

3. I am _____ to the missing person (Enter the relationship to the missing person)

I have personal knowledge of the whereabouts of the missing person on Month _____, Day _____ Year _____

4. The basis of my belief that the missing person was at _____

or in its vicinity, on Month _____ Day _____ Year _____ is as follows: _____

5. To the best of my knowledge, the missing person has not been seen or heard from since Month _____ Day ___ Yr _____

6. The following efforts have been made to locate the missing person, without success: _____

7. The personal particulars of the missing person will be used to complete the death certificate. The are as follows:

Name of the missing person First _____, Middle _____, Last _____

Sex _____, Age at last birthday _____, Date of the birth _____

County of presumed death _____ Missing person of Hispanic origin No Yes , If yes, specify Cuban,

Mexican, or Puerto Rican. _____, Race—Enter White, Black, American Indian or etc. _____

Education of missing person (give highest year) _____ Birthplace —City _____ State _____ Foreign Country _____

Citizen of what country _____, Married, Widowed, Never Married, Divorced Specify _____

If married, give surviving spouse name (if wife include her maiden name) _____

Social Security Number _____, Usual occupation (give kind of work done during most of working life. Do not use retired. _____, Kind of business or industry _____

Was decedent ever in U.S. Armed Services? (Specify yes or no) _____ Residence-State _____,

Residence-County _____ Residence-Inside city limits? (Specify yes or no) _____

Father's Name: First _____ Middle _____ Last _____

Mother's Name First _____ Middle _____ Maiden _____

Petitioner's Name _____, Mail Address _____

Relationship to the missing person _____, Last seen alive _____

Place _____

Attested before me on

Month _____ Day _____ Year _____

Notary Signature

Commission expires

Notary Stamp

Signature _____

Print Name _____

Title _____