GENERAL AFFIDAVIT

1. 1. Caption and Jurisdiction

STATE OF [STATE], COUNTY OF [COUNTY], ss. AFFIDAVIT OF [AFFIANT FULL LEGAL NAME]. This affidavit is submitted to [RECIPIENT NAME, e.g., the Clerk of the Court, the Department of Motor Vehicles, ABC Bank, XYZ Insurance Company], in connection with [MATTER, CASE NUMBER, CLAIM NUMBER, OR ACCOUNT NUMBER, IF ANY]. If this affidavit is filed in a court proceeding, the caption is: [COURT NAME], [CASE CAPTION], Case No. [CASE NUMBER].

2. 2. Identification of the Affiant

I, [AFFIANT FULL LEGAL NAME], date of birth [DATE OF BIRTH], residing at [STREET ADDRESS], [CITY], [COUNTY] County, State of [STATE], telephone [PHONE], email [EMAIL], being first duly sworn, depose and state as follows. My identity is established by [IDENTIFICATION TYPE AND NUMBER, e.g., State of [STATE] drivers license number [NUMBER], United States passport number [NUMBER]]. I am also known by, or have previously used, the following names: [OTHER NAMES USED, OR STATE "none"]. My relationship to the matter described in Section 1 is: [RELATIONSHIP, e.g., I am the account holder; I am the parent of the applicant; I witnessed the events described].

3. 3. Competency and Personal Knowledge

I am over the age of eighteen years, I am of sound mind, and I am competent to testify to the matters stated in this affidavit. Each statement I make below is based on my own personal knowledge, obtained through my direct observation, my personal participation in the events described, or my own review of records I maintain or control. Where any statement is made on information and belief rather than personal knowledge, I identify it as such and state the source of that information. I make this affidavit voluntarily, without coercion, and without any promise of payment or benefit other than [ANY CONSIDERATION, OR STATE "none"].

4. 4. Statement of Facts

1. [FIRST FACT, STATED IN ONE SENTENCE INCLUDING DATE, PLACE, AND PERSONS INVOLVED]. 2. [SECOND FACT]. 3. [THIRD FACT]. 4. [FOURTH FACT]. 5. [FIFTH FACT]. 6. [ADDITIONAL FACTS AS NEEDED, EACH IN ITS OWN NUMBERED PARAGRAPH]. Each numbered paragraph above states a single fact and is intended to stand on its own. Dates are given as [DATE FORMAT, e.g., month, day, and year] and, where I cannot recall an exact date, I have stated my best approximation and identified it as approximate.

5. 5. Supporting Documents and Exhibits

The following documents are attached to and incorporated into this affidavit as exhibits, and each is a true and correct copy of the original as it exists in my possession or as I received it: Exhibit A, [DESCRIPTION OF EXHIBIT A]; Exhibit B, [DESCRIPTION OF EXHIBIT B]; Exhibit C, [DESCRIPTION OF EXHIBIT C]. If no exhibits are attached, state "none." I have not altered, edited, redacted, or omitted any part of the attached documents except as follows: [DESCRIBE ANY REDACTION AND ITS REASON, e.g., account numbers partially redacted for security, OR STATE "no alterations"]. Originals of the attached documents are located at [LOCATION OF ORIGINALS] and are available for inspection on reasonable request.

6. 6. Purpose of This Affidavit

I make this affidavit for the purpose of [PURPOSE, e.g., establishing my identity and name history for the correction of a public record; confirming my residence at the address above for the period stated; documenting the

loss of the original certificate described in Exhibit A; supporting the claim described in Section 1]. I understand that [RECIPIENT NAME] will rely on the statements in this affidavit in [ACTION TO BE TAKEN, e.g., issuing a replacement document, processing a claim, correcting a record, deciding a pending matter]. I do not intend this affidavit to be used for any other purpose, and it should not be relied on outside the matter described in Section 1.

7. 7. Statements Made on Information and Belief

The following statements are made on information and belief rather than on my personal knowledge, and I identify the source of my information for each: [STATEMENT], based on [SOURCE, e.g., what was told to me directly by [NAME] on [DATE]; records I reviewed at [LOCATION]]. I believe each of these statements to be true. If this Section does not apply, state "All statements in this affidavit are made on personal knowledge." I have not knowingly omitted any fact within my knowledge that would make the statements above misleading or incomplete.

8. 8. Declaration Under Penalty of Perjury

I declare under penalty of perjury under the laws of the State of [STATE], and under the laws of the United States where applicable, that the foregoing statements are true and correct to the best of my knowledge, information, and belief. I understand that making a false statement in a sworn affidavit is a criminal offense that may be punished by fine, imprisonment, or both, and that a false affidavit may also result in the denial of the application or claim it supports, the reversal of any action taken in reliance on it, and civil liability to any person harmed by that reliance. Executed on [DATE] at [CITY], [STATE].

9. 9. Signature of the Affiant

AFFIANT: Signature: _____. Printed Name: [AFFIANT FULL LEGAL NAME]. Address: [STREET ADDRESS, CITY, STATE, ZIP]. Telephone: [PHONE]. Date: [DATE]. This affidavit consists of [NUMBER OF PAGES] pages, including exhibits, each of which I have initialed. Do not sign this affidavit until you are in the presence of the notary public or other officer authorized to administer oaths.

10. 10. Notary Jurat

STATE OF [STATE], COUNTY OF [COUNTY]. Subscribed and sworn to, or affirmed, before me on [DATE] by [AFFIANT FULL LEGAL NAME], who is personally known to me or who proved to me on the basis of satisfactory evidence, namely [FORM OF IDENTIFICATION PRESENTED], to be the person who appeared before me and who signed this affidavit in my presence. Notary Public: _____. Printed Name: [NOTARY NAME]. My commission expires: [EXPIRATION DATE]. Notary identification number: [NOTARY ID NUMBER]. [Seal]. Note that a jurat, in which the affiant swears to the truth of the contents, is different from an acknowledgment, in which the signer only confirms the signature; affidavits require a jurat, so confirm the notary uses the correct certificate.

11. 11. Witnesses

Complete this Section only if the recipient or the law of your state requires witnesses in addition to a notary. The undersigned witnesses state that the affiant signed this affidavit in their presence, appeared to be of sound mind and free of duress, and that each witness is at least eighteen years of age and has no interest in the matter described in Section 1. WITNESS 1: Signature: _____. Printed Name: [WITNESS 1 NAME]. Address: [WITNESS 1 ADDRESS]. Date: [DATE]. WITNESS 2: Signature: _____. Printed Name: [WITNESS 2 NAME]. Address: [WITNESS 2 ADDRESS]. Date: [DATE].

12. Disclaimer

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are set by state law and by the specific agency, court, or institution receiving the document, and they differ on the required notarial certificate, whether a witness is needed in addition to a notary, whether remote online notarization is accepted, and what caption or form a court requires for a filing. Many agencies publish their own mandatory affidavit form, and a substitute will simply be rejected, so ask the recipient before drafting. Because an affidavit is sworn testimony, never sign one containing a statement you are not certain is true, and consult a licensed attorney in your state before submitting an affidavit in any contested proceeding. Use of this template does not create an attorney-client relationship with ScanContract.