



AFFIDAVIT OF RESIDENCE

Date _____

Attention Enrollment Director or Designee,

I, _____, formally acknowledge living at the street address of

Name

_____, _____, _____, _____,

Street

City

State

Zipcode

Since _____, 20____.

Date

Roll # _____

Please include a copy of federal or state identification, along with your completed and signed affidavit.

Furthermore, I swear and affirm under penalty of perjury that the facts set forth in this statement are true and accurate.

Sincerely,

Witness Acknowledgment

I/We, as witness(es) to the aforementioned claims made by _____ and
acknowledge their residency status.

Witness Signature _____ **Date** _____

Print Name _____

Witness Signature _____ **Date** _____

Print Name _____

CHERISHING OUR PAST, BUILDING FOR OUR FUTURE

P.O. BOX 1589 MARKSVILLE, LA 71351

(318) 253-9767 OR (800) 272-9767

FAX (318) 253-9791

Notary Acknowledgment

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

On _____, before me, _____, Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of in the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

Print Name _____

Place Notary Seal Above