

AFFIDAVIT OF PERSONAL RECOGNITION

Date: _____

I, _____, the undersigned, am _____ of

(relationship to patient)

_____. I have known him / her since _____. He / She resides

(patient)

at _____. My current address is

_____. I am aware that he / she has

no form of identification and does not have the means to secure any at this time. I can attest to

the fact that he / she is indeed _____.

(patient)

Signature: _____

Date: _____

I may be reached at _____ should you have additional questions.

(phone number)