

**General Affidavit Form**

I, \_\_\_\_\_, in the presence of the  
Name of Affiant

undersigned notary public, under oath or affirmation make the following statements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Affiant Date: \_\_\_\_\_

State of Georgia

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_  
Date

by \_\_\_\_\_,  
Printed name of individual making statement

who is

\_\_\_\_ personally known

or

\_\_\_\_ proved to me on the basis of satisfactory evidence to be the person

who appeared before me.

\_\_\_\_\_  
(signature of notary public)

Notary Public, State of Georgia

Stamp/Seal

My commission expires: \_\_\_\_\_