

Criminal Records Check Affidavit

I, _____, hereby declare that the attached is the
Printed name of affiant/document custodian
true and complete original of _____
Subject's name on criminal records check
criminal records documentation issued by: _____
Name of law enforcement agency

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: _____