ESSEX COUNTY SHERIFF'S DEPARTMENT

STATEMENT

Name:	Address:
County:	Home Phone:
Date:	Work Phone:
DOB:	POB:

I, _____, Here by Swear under penalty of perjury (Not More than 15 years, not more than $1,000.00) that I have personal knowledge of the following facts and this statement is true to the best of my knowledge and belief:

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Subscribed and sworn to before me on this

_____day of _____, _____

_____

Date

_____

Notary Public

_____

Affiant