

PASSPORT AFFIDAVIT

State of _____

County of _____

Before me this _____ day of _____, _____ (year), personally appeared _____
(Name of Affiant/Passport Bearer)

_____ who, being duly sworn, deposes and says:

I am the legal bearer of United States Passport No: _____, issued on _____
(mm/dd/yyyy)

and expiring on _____. My date of birth is _____. I hereby authorize a notary
(mm/dd/yyyy) (mm/dd/yyyy)
public to make a certified copy of my passport from the original.

(Signature of Affiant/Passport Bearer)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____ (year),
by _____.
(Name of Affiant/Passport Bearer)

____ Personally Known ____ Produced Identification Type and # of ID _____

Signature of Notary

Name of Notary, Typed, Stamped, or Printed

CERTIFICATE OF ATTESTED COPY

State of **Florida**

County of _____

On this _____ day of _____, _____ (year) I certify that the preceding or
attached document is a true, exact, complete, and unaltered photocopy made by me of an
original United States Passport as described above, presented to me by the document's
custodian, _____, and that, to the best of my
knowledge, this passport is neither a public record nor a publicly recordable document,
certified copies of which are available from an official source other than a notary public.

Signature of Notary

Name of Notary, Typed, Stamped, or Printed