United States of America Passport Affidavit

l,	, personally appeared before the
Name of Affiant	
undersigned notary public, and under oath	or affirmation make the following statements:
I am in possession of United States Passp	port No,
	,
that bears the name	
	and expiring on
ssued on	and expiring on
, hereby declare that the reproduction of the	his passport is a true, correct and complete photocopy
of the passport in my possession or contro	ol.
(Signature of Affiant)	Date:
(Signature of Amant)	
State of Georgia	
County of	
•	
Signed and sworn to (or affirmed) before n	Date
by Printed name of Affiant/Passport Bearer	,
Printed name of Affiant/Passport Bearer	
who proved to me on the basis of satisfact who appeared before me.	tory evidence to be the person
Personally Known or	
Produced Identification	
Type of ID	
Signature of notary public	
(Name of notary, typed, stamped or printed)	
Notary Public State of Georgia	Stamp/Seal