

License #			
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AFFIDAVIT REGARDING SOCIAL SECURITY NUMBER

STATE OF CC County of:							
Pursuant to CR	\$ 14-15-100 I	Inder Oath I	Sweer or Affir	m That I Do N	ot Have a S	Social Secu	urity Number
	.5 14-15-107	Juder Gaur I v	Swear of Airin	III THACT <u>DOT</u>	iot Have a s	ociai occi	anty ivamoer
Applicant Nam	ie:						-
	First		Middle		Las	st	
Date of Birth: _							
	Month	Day	Year				
Signature:							_

This Form, when properly executed and presented, is attached to Civil Union Application