

AFFIDAVIT

STATE OF HAWAII

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)

being first duly sworn,

deposes and says: I am the ☐ guardian ☐ custodian ☐ have control/maintenance] of

SSN

(FULL LEGAL NAME OF INCOMPETENT INDIVIDUAL)

That this affidavit has been made in connection with the desire of Affiant to secure a state civil identification card on behalf of the incompetent individual;

That Affiant is submitting two (2) documents in support of proof of principal residence address as indicated under the List of Acceptable Documents for Proof of Principal Residence Address displaying name and address of Affiant and;

Further Affiant sayeth naught.

Dated: _____

SIGNATURE OF GUARDIAN/CUSTODIAN/HAVE CONTROL/MAINTENANCE

PRINTED NAME

IDENTIFICATION PRESENTED

EXP. DATE

SIGNATURE OF EXAMINER

DATE

FOR NOTARY USE ONLY:

Subscribed and sworn before my this _____ day

of _____, 20_____.

Notary Public

State of _____, _____ Judicial Circuit

My commission expires: _____

(Stamp or Seal)

NOTARY CERTIFICATION

(Hawaii Administrative Rules 5-11-8)

Document Date: _____ No. Pages: _____

Document

Description: _____

Notary Printed Name

Circuit

Notary Signature

Date

(Stamp or Seal)