THIRD PARTY AFFIDAVIT

STATE OF NEW YORK)
)ss.
COUNTY OF SUFFOLK)

Date _____

To Whom It May Concern:

I _____, certify that
(Name of Third Party)

_____ and
(Name of Parent/Guardian)

_____ reside at:
(Name of Child/Children)

_____

_____ _____ _____.
City State Zip

_____
Third Party Signature

Sworn to before me on

this _____day of _____, 20 .

_____
NOTARY PUBLIC