



HOME OF RECORD NOTARIZED AFFIDAVIT

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

Instructions: To be completed by the parent or guardian only if the veteran was under 18 years of age at the time of entry.

I have known _____ all my life as I am his/her
(Veteran)

_____ lived at the following address
(Relationship to Veteran) (Veteran)

(Street, City & State)

at the time he/she entered the _____ on _____
(Branch of Service) (Date)

Relative's Signature: _____ Date: _____

Printed Relative's Name: _____

Street Address: _____

City & State: _____

Telephone Number: _____

Notary Public: _____ Date: _____