

AFFIDAVIT

North Carolina
Moore County

I, _____, swear (or Affirm)
that I have not been issued a social security number by the United States Government
and I am ineligible to obtain a social security number.

This _____ day of _____, 20_____.

Affiant

North Carolina
_____ **County**

Sworn to and subscribed before me this _____ day of
_____, 20_____.

Notary Public

My Commission Expires: _____