

**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