

SUPPORTING AFFIDAVIT *(The person completing this Affidavit MUST be OLDER than the registrant, but NOT necessarily present at the birth.)*

I, _____, of lawful age, being first duly sworn, testify and say that I am _____ years of age; that I am well acquainted with _____ and have known **him/her** for more than _____ years last past; that, at the time I first knew **him/her**, **he/she** was _____ years of age. I verily believe that **he/she** was born in _____ on _____.

I remember the date and place of **his/her** birth because (state some fact or incident that enables you to recall the birth date and birth place): _____

AFFIANT NAME (PRINT OR TYPE)	RELATIONSHIP TO REGISTRANT
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ADDRESS (STREET & NUMBER, CITY, STATE)

MUST BE SIGNED IN PRESENCE OF NOTARY ►	AFFIANT SIGNATURE
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NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			