

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO: FAX NO: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF ADOPTION PETITION OF:	
Affidavit / Certificate / Declaration Re: Military Service in an Adoption and Related Matters	CASE NUMBER:

Name of Citee: _____

Aliases of Citee: _____

Please complete the following questions regarding the above named Citee.

State of California, County of San Bernardino

I, _____ say:
 (Your Name)

I am a party to this proceeding I am not a party to this proceeding.

I reside at: _____

My occupation is: _____

1. I personally know the citee Do not know the citee.
2. I have known said citee: _____ years _____ months.
3. The last known address of said citee is: _____

4. The approximate age of the said citee is: _____.
5. The last date I saw the said citee was: _____.
6. The occupation of said citee is: _____
7. The name of said citee's employer is: _____
8. The last know physical incapacity of said citee is: _____

9. I know the citee is or is not (check below) an active duty member of the following military service branch:
- a. is or is not --- Army of the United States
 - b. is or is not --- United States Navy
 - c. is or is not --- United States Marine Corps
 - d. is or is not --- United States Coast Guard
 - e. is or is not --- United States Air Force
 - f. Other: _____
10. Known facts tending to show that said citee is **not** in the Military service: _____
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This form is designed for use either as an affidavit or an unsworn statement made under penalty of perjury.

- a. If an affidavit, should sign where indicated below.*
- b. If an unsworn statement, they should sign where indicated below.*

AFFIDAVIT

Declaration is to be signed only if declarant is within the State of California.

Signature of Affiant: _____ **Dated:** _____

Subscribed and sworn to before me on _____

 Signature of Notary Public in and for the
 County of _____, State of California

Notary Seal

UNSWORN STATEMENT

Declaration

I certify or declare under penalty of perjury that the foregoing is true and correct.

Signature of Declarant: _____

Executed at _____ on: _____

Disclaimer: “Any person who shall make or use an affidavit or declaration required under this section knowing it to be false shall be guilty of a misdemeanor and shall be punishable by imprisonment not to exceed one year or by fine not to exceed \$1,000 or both.” Soldiers’ and Sailors’ Civil Relief Act of 1940, as amended