Certificate #:_____
Page:_____

AFFIDAVIT CONCERNING SOCIAL SECURITY NUMBER

STATE OF COLORADO

County of Moffat

Pursuant to CRS 14-14-113 Under Oath I Swear or Affirm That I Do Not Have a Social Security Number.

Applicant Name:_____
First Middle Last

Date of Birth:_____
Month Day Year

Signature:_____

Subscribed and Sworn to Before Me This _____ Day of _____, _____

(Seal)

_____
Notary Public/Deputy County Clerk

This form, when properly executed and presented, is attached to Marriage Application.