



Affidavit of Sierra County Residency
by relative, friend, employer or Other



My name is _____

I am the (check one):

___ relative ___ employer
___ friend ___ other (please explain) _____

of _____
who is applying for a Sierra County Indigent Health Care.

The above-named applicant resides at:

_____.
_____.
_____.
_____.

Since (date 00/00/0000) or length of time you have known applicant to reside in Sierra County: _____

I hereby declare under penalty of perjury that the information given in this statement true and correct to the best of my knowledge.

Printed Name and (if applicable) Title and Company/Organization _____

Signature and Date _____

Warning: Any person who makes any false affidavit, or knowingly swears or affirms falsely to any matter required by the Sierra County Indigent program is guilty of perjury, which is a fourth degree felony (Sections 66-5-38 and 30-25-1 NMSA 1978).

STATE OF NEW MEXICO)
) SS.
COUNTY OF SIERRA)

The foregoing instrument was acknowledged before me this _____ day of _____, 200_____

by _____

NOTARY PUBLIC _____ MY COMMISSION EXPIRES: _____

Name of party completing form (if other than patient)
Nombre del individuo que completo la aplicacion (si no es el paciente).

Comments/ Comentario: _____