Affidavit of Sierra County Residency

By relative, friend, employer or other

My name is _____.
I am the (check one):
__Relative __Employer __Friend __Other

(please elaborate)_____
Of_____
who is applying for Sierra County Indigent Health Care.
The above-named applicant resides at:

_____

_____

_____

Since date (MM/DD/YYYY) 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 is true and correct to the best of my knowledge.

_____
Print 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 NMSA1978).*

State of New Mexico)
) SS.
County of Sierra)
The foregoing instrument was acknowledged before me this____day of_____, 20___
By_____
Notary Public _____My Commission Expires_____

_____
Name of party completing form (if other than patient)