**IDENTITY VERIFICATION FORM**

Print Name: [NAME]

Last 4 Digits of SSN: [SSN]

Address: [ADDRESS]

**I hereby represent that all the above information is true and accurate.**

**Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date [MM/DD/YYYY]

**NOTARY ACKNOWLEDGMENT**

State of [STATE]

County of [COUNTY]

On this [DATE], before me, the undersigned notary public, personally appeared [SIGNER'S NAME], who signed or attested to the same in my presence, and presented the following form of identification as proof of his or her identity:

Driver’s License or Govt. Identification Card

U.S. Passport

U.S. Military ID Card

State Identification Card

Social Security Card

Birth Certificate

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS my hand and official seal.

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Notary Signature

Title or Rank: [TITLE OR RANK]

Serial Number, if any: [SERIAL NUMBER]

My Commission Expires: [MM/DD/YYYY]