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**Affidavit of Relationship Form**

**STATE OF [Your State]  
COUNTY OF [Your County]**

I, [Your Full Name], residing at [Your Full Address], being duly sworn, declare under oath and affirm the following:

### **Personal Information**

* **Full Name:** [Your Full Name]
* **Address:** [Your Full Address]
* **Date of Birth:** [Your Date of Birth]
* **Place of Birth:** [Your Place of Birth]

### **Declaration of Relationship**

* **Related Person’s Full Name:** [Related Person’s Full Name]
* **Relationship to Declarant:** [Specify relationship, e.g., mother, brother, cousin, etc.]
* **Related Person’s Date of Birth:** [Date of Birth]
* **Related Person’s Place of Birth:** [Place of Birth]
* **Duration and Nature of Relationship:** [Detail how long and in what context you know the person. Add any pertinent details that confirm the relationship’s authenticity.]

### **Purpose of this Affidavit**

* **Purpose:** [Clearly state why you are submitting this affidavit. Example: for immigration purposes, school enrollment, legal proof of relationship, etc.]

### **Statement of Truth**

I affirm that the statements made in this affidavit are true and correct to the best of my knowledge and belief. I understand that any false statements made within this affidavit are punishable under the laws governing perjury in [Your State].

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** [Date]

**Subscribed and sworn to before me on this \_\_\_ day of \_\_\_\_\_*, 20*.**

**Notary Public:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**My Commission Expires:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_