

---

# 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:** \_\_\_\_\_