

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

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**AFFIDAVIT OF IDENTITY**

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**BEFORE ME**, the undersigned Notary Public came and appeared \_\_\_\_\_, a person of full age of majority and whose address is \_\_\_\_\_ (hereinafter "Affiant") who after being duly sworn did depose and say:

1. The name of the person whose records I am requesting is \_\_\_\_\_ (hereinafter the Decedent).
2. I am the \_\_\_\_\_ (*indicate relationship*) of the Decedent.
3. The date of birth of the Decedent is \_\_\_\_\_.
4. The date of death of the Decedent is \_\_\_\_\_.
5. The last known address of the Decedent was \_\_\_\_\_.
6. The Deceased died intestate.
7. I am authorized to obtain and receive the records requested.
8. There are no court orders, judgments, declarations, or other proclamations of a court that preclude me from obtaining the records requested.
9. I understand that the making of or swearing to a false affidavit is punishable by civil and criminal penalties under Louisiana law.

**THUS DONE AND SIGNED** on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ after a due reading of the whole.

\_\_\_\_\_  
AFFIANT

**SWORN TO AND SUBSCRIBED** before me, Notary Public, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_, Notary Public  
Notary ID / Bar Roll: \_\_\_\_\_