

# AFFIDAVIT OF IDENTIFICATION PHOTOGRAPH

I, \_\_\_\_\_, Affiant, solemnly swear, or affirm, under penalty of perjury, that:

1. I am the person shown in the photograph below, attached to, or inserted into, this document.
2. The photograph was taken recently, has not been altered, and shows my current physical appearance.
3. My physical description is:  
Male [ ]            Female [ ]  
Height: \_\_\_\_\_                      Weight: \_\_\_\_\_  
Eye color: \_\_\_\_\_                      Hair color: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_  
County of \_\_\_\_\_

Subscribed and sworn to, or affirmed, before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
by Affiant \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My commission expires

