Certified Copy Affidavit

On this	day of	, 20, (print social security benefits
l		(print social security benefits
is a true, co verification and that I p	orrect, and unaltered co letter, to which I am th	ear and attest that the attached document py of my original social security benefits e documents custodian, named therein; f the attached document (s) to the factory evidence.
(social secu	urity benefits verification	n letter holder signature)
State of Te	xas	
County of _		
	nd subscribed before m . 20	
by		_, (print social security benefits
verification	letter holder name)	
(notary pul	olic signature)	
Seal		