## **Certified Copy Affidavit**

On this	day of	, 20,
l		(print social security card holder
name) swe	ar and attest that the	attached document is a true, correct, and
unaltered o	copy of my original so	ocial security card, to which I am the
		nerein; and that I presented the original of the idersigned notary public as satisfactory
(social secu	urity card holder signa	ature)
State of Te	xas	
County of _		
	nd subscribed before , 20_	e me on the day of
by		(print social security card holder
name)		
(notary pub	olic signature)	_
Seal		