

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title/Position]
[Recipient Organization/Company]
[Recipient Address]
[City, State, Zip Code]

Subject: Affidavit of Identity Theft

I, [Your Full Name], being duly sworn, do hereby declare and affirm the following:

1. ****Personal Information****

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Social Security Number: [Your SSN] (if applicable)
- Address: [Your Current Address]

2. ****Statement of Identity Theft****

I am a victim of identity theft, which has occurred as follows:

- Date(s) of incident: [Specify Date(s)]
- Description of the fraudulent activity: [Briefly describe how your identity was stolen]

3. ****Evidence of Identity Theft****

I have gathered documentation supporting my claim, including:

- [List any documents such as police reports, bank statements, etc.]

4. ****Impact of Identity Theft****

As a result of this identity theft, I have experienced negative consequences including:

- [List any negative impacts, such as financial loss, credit issues, etc.]

5. ****Affirmation****

I affirm that the statements made in this affidavit are true and accurate to the best of my knowledge.

****Signature:****

[Your Printed Name]

****Date:****

[Date of Signing]

[Notary Public section, if required]

****State of [State]****

****County of [County]****

Subscribed and sworn before me on this [Date] day of [Month, Year].

Notary Public Signature

My Commission Expires: [Date]