



SWORN STATEMENT

Social security number : \_\_\_\_\_

I, the undersigned, last name: \_\_\_\_\_

first name (s): \_\_\_\_\_

born on the : \_\_\_\_\_

swear that I'm no longer be registered at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Schouweiler, the \_\_\_\_\_ Signature \_\_\_\_\_