

VERIFICATION OF CHILD SUPPORT

STATE OF _____

PARISH/COUNTY OF _____

TO WHOM IT MAY CONCERN:

LET IT BE KNOWN, that I, _____,
give to _____, the amount of \$_____ per
week / month / year, as child support for my minor child(ren),
_____.

Payments will continue until said child(ren) reaches the legal age of majority.

If there are any questions, I can be reached at:

Main Telephone Number: _____

Alternate Telephone Number: _____

AFFIANT'S SIGNATURE

Sworn to and subscribed before me on the date of: _____

NOTARY PUBLIC

NOTARY'S PRINTED NAME: _____

COMMISSION EXPIRATION: _____