Social Security Affidavit Civil Union
Adams County

1. My Name is_____
2. I do not have a social security number.
3. In reliance upon C.R.S 14-15-109 (1)(A), I am making this sworn statement to accompany my application for a Colorado Civil Union License.

I hereby swear and affirm that the affidavit I am submitting is true and accurate to the best of my knowledge and belief:

Signature of Applicant:_____

Subscribed and sworn to, before me in the County of Adams, State of Colorado, this _____ day of _____, 20____

Witness my hand and official seal.

_____

Deputy Clerk/Notary Public/County Clerk & Recorder