



Register of Deeds
Tammy L. Brunner

TEL 919 856 5460
FAX 919 856 5467

P.O. Box 1897 • Raleigh, NC 27602 - 1897

Affidavit pursuant to N.C.G.S. § 51-8

AFFIDAVIT
STATE OF NORTH CAROLINA
COUNTY OF WAKE

_____ (name of affiant), appearing before the undersigned official authorized to administer oaths and affirmations and being duly sworn, state the following:

1. My full name is _____

2. I swear (or affirm) that I have not been issued a Social Security number by the United States Government and I am ineligible to obtain a Social Security number.

Signature of Affiant _____

Signed and sworn to (or affirmed) before me this _____ day of _____, 20_____.

Notary Public or Assistant/Deputy Register of Deeds

My Commission Expires: _____

(Seal)

Note: The commission of perjury in an affidavit given pursuant to law is a Class F felony. (N.C.G.S. § 14-209)



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**JURAMENTO
(AFFIDAVIT)**

**ESTADO DE CAROLINA DEL NORTE
(STATE OF NORTH CAROLINA)**

**CONDADO DE WAKE
(COUNTY OF WAKE)**

_____ (nombre del que jura o afirma), en presencia del Notario abajo firmante, y bajo juramento aseguro lo siguiente: (name of affiant appearing before the undersigned notary and being duly sworn, states the following)

1. Mi nombre complete es (my full name is) _____
2. Yo juro (o afirmo) que el Gobierno de los Estados Unidos no ha emitido en mi nombre ningun numero de tarjeta del Seguro Social y que yo no soy elegible para obtenerlo.
(I swear or affirm that I have not been issued a Social Security number by the United States Government and I am ineligible to obtain a Social Security number).

Firma del que jura o afirma _____
(Signature of Affiant)

Bajo juramento y firmado en mi presencia este _____ dia de _____, 20____
(Sworn to or affirmed and subscribed before me this day)

Notario Publico (Notary Public)

Mi permiso Expira (My Commission Expires) _____

**SELLO NOTARIO
(NOTARY SEAL)**

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