**Affidavit of**

**[Name of Affiant]**

Name:

Occupation:

Address:

I, [Name of Affiant], swear or affirm that:

1. I am over 18 years of age, of sound mind, and otherwise competent to make this Affidavit.
2. My full legal name is      .
3. My father’s name is      .
4. A full and complete list of any and all other name(s) or alias(es) that I use or am known by, formally or informally, is as follows:

I swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

I understand that the above and foregoing representations are intended to influence the granting of a seafarer’s endorsement, certificate or identification document to me by the Republic of the Marshall Islands and that the making of false statements and representations in connection with my application for a seafarer’s endorsement, certificate or identification document may result in denial of my application or withdrawal of any document granted.

Date Signature of Affiant

I, [Name of Witness], being over 18 years of age, of sound mind, and otherwise competent to witness

this certification, hereby confirm that [Name of Affiant], known to me or identified to me by producing official government-issued identification, appeared before me on this date at [Location] and signed the foregoing certification.

Date Signature of Witness

 Title of Witness

Date of Birth of Witness