



Department of Human Services

Affidavit for Lost/Stolen/Forged Check – Treasury Department

D.O.B. _____

Commonwealth of Pennsylvania
 County of: _____

Name: _____ Being first duly sworn does
 depose and say. That he/she resides at:

Address: _____

Phone Number: _____

That he/she is named as the payee in Check No. _____, dated _____, drawn on the State
 Treasurer, Commonwealth of Pennsylvania to the order of _____, in the sum of \$ _____.

That said check was drawn as payable to _____.

That he/she never received said check and when he/she inquired of the Commonwealth
 of Pennsylvania for the reason for such non-receipt he/she was shown said instrument, described
 above, which instrument purported to bear his/her alleged endorsement;

That he/she viewed and examined said instrument and does hereby declare that the
 endorsement appearing on the back of it, purporting to be his/her endorsement, is not his/her
 endorsement, that it was not made or written by him/her, or by anyone on his/her authority or
 for his/her account, that the purported endorsement was not made with his/her authorization,
 knowledge or consent, by the person presenting it, that he/she did not authorize anyone to sign
 or endorse his/her signature on the back thereof, and did not authorize any to present such
 instrument for payment or uttering.

That he/she did not receive the proceeds or the benefits of said instrument, or the benefits
 of the payment or proceeds of it, or any part thereof, and that he/she did not authorize anyone,
 including the person who presented it to receive the benefits of the payment or proceeds of it, or
 any part thereof;

That he/she has no knowledge of the person who signed his/her name on it, that purported
 endorsement or signature on it is a forgery, and that this affidavit is made for the purpose of
 establishing that his/her purported endorsement or signature is a forgery,

That I **Name:** _____ do fully understand
 that I **may be subject to prosecution for perjury and other violations of the laws of the**
Commonwealth of Pennsylvania by signing this statement provided that the facts given are
 later proven false.

_____ Affiant
 (Payee)

Subscribed and Sworn to this _____ day of _____ 20 _____.

Notary Public _____ Notary Phone number _____

My Commission Expires: _____

