



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.

(Payee) Affiant

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

Notary Public _____ Notary Phone number _____

My Commission Expires: _____

