

**AFFIDAVIT  
CLAIMANT'S FORGED ENDORSEMENT**

FOR OFFICE USE ONLY
Date Received

ACCOUNTING USE ONLY

Date	Check No.	Payee name		
Date of Check	Amount of Check \$	Mailing Address		
Requesting recovery in the amount of:		City	State	ZIP Code
TO BE COMPLETED BY PAYEE				

I, \_\_\_\_\_, reside at \_\_\_\_\_  
city of \_\_\_\_\_ state of \_\_\_\_\_. I am named as the payee on the check. The signature on the above check is not mine. I did not sign the check, nor did I authorize anyone else to sign it. The endorsement is a forgery. I have not received or expect to receive any money or benefits from this check.

I know \_\_\_\_\_ do not know \_\_\_\_\_ the identity of the person who signed the check. If I know who the endorser is, I will give information to help identify the person.

I make this statement so I can get a replacement check, even though I know the above check has been forged.

I also know this statement may be given to the person/business that negotiated the check.

X \_\_\_\_\_  
Payee Signature

X \_\_\_\_\_  
Spouse's Signature

Subscribed and sworn before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Commission expires \_\_\_\_\_