



**DEPARTMENT OF PUBLIC SAFETY
DRIVER SERVICE BUREAU
POST OFFICE BOX 958
JACKSON, MISSISSIPPI 39205-0958**



**OFFICIAL PROOF OF DOMICILE
AFFIDAVIT**

STATE OF MISSISSIPPI
COUNTY OF _____

I, _____ / _____, being first duly sworn depose
(Name and Driver License Number)

and says that _____, resides with me at my residence,
(Name of Person Living at Your Address)

_____, _____
(Physical Address Only) (City and Zip Code)

Terms and use of this affidavit are strictly enforced by the Driver Service Bureau. Discovery of Fraudulent data or information thereof may result in the suspension of any issued credential.

(Signature of Home Owner or Resident) (Date)

SWORN TO AND SUBSCRIBED before me, this the ____ day of _____, 20 ____.

(Notary Public)

My Commission Expires: _____

Section 25-31-1 et seq. Mississippi Code of 1972 as amended implemented the governing rules associated by Notary Public. As provided Rule 1.3 Acknowledgement, Rule 1.4 Affirmation, Rule 1.16 (Official Misconduct, Misfeasance and Malfeasance), risk of signing this affidavit with disregard to the rules so associated may lead to suspension or disqualification of my notary commission. I do affirm and acknowledge by the affix of my signature and seal.