



SAD NOTARIZED PROOF OF CHILD SUPPORT FORM

To Whom It May Concern:

I, _____, certify that I receive a monthly child
(Print Name)

support payment from _____ for the following child/children.
(Print Service Member's First and Last Name)

Child's name: _____ DOB: _____

Child's name: _____ DOB: _____

Child's name: _____ DOB: _____

(Use additional sheets if necessary)

Signature

Date

State of _____)
County of _____)
SS.:

On this _____ day of _____, 20____, before me personally came
_____, to me known and known to me to be the
person described in and who executed the foregoing instrument and he/she acknowledged to me that
he/she executed the same.

_____. Notary Public
My commission expires: _____
(Stamp may be used).

I have read the above and confirm the information to be true.
Service Member's Signature Date