

STATE OF GEORGIA
COUNTY OF CLAYTON

AFFIDAVIT

Now comes the undersigned affiant after having been duly sworn by the undersigned officer authorized to administer oaths and deposes under oath:

Initial where applicable:

_____ He/She has misplaced his/her firearm license.

OR

_____ His/Her firearms license was stolen on _____ (date)
and at _____ (location)

OR

_____ His/Her information on his/her firearms license is *incorrect* as follows:

The correct information should read as follows:

Affiant's Signature

Printed Name of Affiant

Address

City, State, Zip Code
(_____) _____

Phone Number

Email Address

Sworn to and subscribed before me,

This _____ day of _____, 20_____.

Probate Court Clerk