

AFFIDAVIT OF DOMICILE

THIS FORM IS TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN OF THE INDIVIDUAL SEEKING MY NOMINATION TO A UNITED STATES SERVICE ACADEMY. IF YOU ARE <u>NOT</u> A MINOR (UNDER 18 YEARS OF AGE), YOU MAY ALSO COMPLETE THE FORM.

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PARENT'S/GUARDIAN'S OR STUDENT'S NAME	, being of lawful age (18) and a reside E - 18 YEARS AND OLDER	nι
of	_,, West Virgini	9
CITY	COUNTY	а,
do on oath and under penalties of perjury, depo	se and say:	
That I am the parent entitled to the custody of,	or the legal guardian of,	
	NAME OF APPLICANT	
myself: and that our/my domicile is ADDRESS, INCLU	UDING CITY/TOWN AND STATE	
I am a member of the military/government cont	ractor who is currently stationed at	
ADDRESS, INCLUDING CITY/	TOWN AND STATE – LEAVE BLANK IF NOT APPLICABLE	
This is in evidence thereof, I depose and say that	at:	
I am registered as a voter in		
CITY	COUNTY STATE	
And I file income tax returns and pay income ta	axes to the State of	
SIGNATURE:	DATE:	