| | Oklahoma Firefighters Pension and Retirement System 6601 Broadway Ext., Suite 100 Oklahoma City, Oklahoma 73116-8214 1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643 www.ok.gov/fprs | | | |
|---|--|------------------|-------------------------|-----------------------|
| Affidavit Verifying Lawful Presence in the United States | | | | |
| Applicant's Name | | | Applicant's SSN | |
| Fire Department | | | | |
| All Natural persons fourteen (14) years of age or older and present in the United States, applying for retirement benefits from the Oklahoma Firefighters' Pension and Retirement System are required, by the Oklahoma Indigent Health Care Act (56 O.S. Supp. 2007 § 71), to provide verification of lawful presence in the United States by executing an Affidavit below before a notary public or other officer authorized to notarize affidavits under State law. Please check one of the applicable boxes below. | | | | |
| , of lawful age, being first duly sworn, upon oath states, under (Applicant's Name) penalty of perjury, as follows: (Check one) | | | | |
| | ted State Citizen. Ilified alien under the Fed ted States. | eral Immigratior | and Nationality Act and | l am lawfully present |
| | | | Applicant's Sig | ynature |
| State of County of |)) SS.) | | | |
| Subscribed ar | nd sworn to before me thi | s day c | f | , |
| My commission ex (Seal) | oires | | Notary Pu | blic |