

## Wolfeboro Police Department Case #: \_\_\_\_\_\_\_ 251 South Main Street, Wolfeboro, NH 03894

## **UNIFOM STATEMENT FORM**

Statement Given by:	:					D.O.B.:		<i>J</i>	/
·	Last Name		First Name	е	M.I.		Mo.	Dy.	Yr.
Residential Address:						Home #	<b>‡</b> : (	)-	<u>-</u>
	Street								
						Work #	t: (	)-	_
	City		State		Zip		• (		
Mailing Address:						Cell #:	(	)-	_
(if different than above)	P.O. Box/Etc.		City	State	Zip	. <u>ee</u>			
The following statement committing a crime if I kn Unsworn Falsification.									
I have read, or have been	n read, the forego	oing warning a	nd my signatu	re indicates my	understanding th	nereof		to and ti	me of Offense
Signature:			_ Date:		Witness: _				
									<del> </del>
			Signature			Da	te		

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Signature	Date

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