

**STATE EMPLOYEES RETIREMENT COMMISSION
AKA NAME AFFIDAVIT**

I, _____, being duly sworn, depose and say:
(Current Name)

1. I am over the age of eighteen and understand the meaning of an oath.

2. To the best of my knowledge and belief, at the time of my birth in _____, on the _____ day of _____,
(Birth Place) (Number) (Month)
_____, I was given the name of _____.
(Year) (Birth Name)

3. I hereby certify that the difference between _____ and _____
(Birth Name) (Alias)

are the result of my own actions.

4. I hereby further certify that _____ and _____
(Birth Name)
_____ are one and the same person.
(Alias)

(Signature)

Subscribed and sworn to
Before me this _____
Day of _____ 20____.

Signature of Notary Public /
Commissioner of the Superior Court

State:

Town:

My commission expires: