

Certificate of Residency Confirmation

This is to certify that the following individual is a resident of the specified address.

Full Name: _____

Date of Birth: _____

Address: _____

Period of Residency: _____

This confirmation is issued upon the request of the above-named individual for whatever legal purpose it may serve.

Date Issued: _____

Signature: _____

Name & Position: _____

(Official Seal, if applicable)