

Document of Presumed Absence

Date:

To Whom It May Concern,

This is to certify that the following individual is presumed absent:

Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
Address	<input type="text"/>
Nationality	<input type="text"/>

The individual listed above has been presumed absent since:

Details of circumstances:

Declared by:

Relationship to the presumed absent person:

Contact Information:

Signature: _____

Date: _____