

Family Relationship Declaration

I, , hereby declare the following family relationship:

Name of Relative	Relationship	Date of Birth	Address
<input type="text" value="Placeholder for Relative Name 1"/>	<input type="text" value="Placeholder for Relationship 1"/>	<input type="text" value="Placeholder for Date of Birth 1"/>	<input type="text" value="Placeholder for Address 1"/>
<input type="text" value="Placeholder for Relative Name 2"/>	<input type="text" value="Placeholder for Relationship 2"/>	<input type="text" value="Placeholder for Date of Birth 2"/>	<input type="text" value="Placeholder for Address 2"/>

I confirm that the above-mentioned details are true and accurate to the best of my knowledge.

Date:

Signature: