PLEASE NOTE: THE AFFIANT IS THE PARENT OR GUARDIAN OF A MINOR CHILD WHO WAS PRESENT AT THE SCHOOL. THIS MUST BE SIGNED BY AN ADULT OVER THE AGE OF 18, IN THE PRESENCE OF A NOTARY.

AFFIDAVIT ON BEHALF OF MINOR CHILD

STATE OF		state where	signed])		
COUNTY OF		[county whe	ere signed])		
	NOW COMES the Affia	.nt,			[name], being first duly	
sworn	under oath, and states as t	follows:				
1.	I am[name].					
2.	I am the Parent or Legal	of		[child's name], who was		
	present at Covenant Pre	sbyterian C	hurch and Scl	hool t	petween 10:11 am 10:27 am on	
	March 27, 2023.					
3.	I request benefits from the Covenant School Survivors Fund on behalf of my minor child.					
4.	My child meets the eligibility standards set forth in the Final Protocol. After the shooting					
	my child experienced psy	ychological	trauma.			
5.	5. I completed all other requirements of the Application and all the information I prov					
	true and accurate under penalty of perjury.					
	FURTHER AFFIANT SAYETH NAUGHT.					
					[Signature of Affiant] signed in the presence of the n until instructed to do so by	
	Sworn and subscribed be	fore me this	sday of		[month], 20 [year]	
			Notary Public			

My Commission Expires:	
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