

AFFIDAVIT FOR DUPLICATE CHECK

Section 17.13, Florida Statutes, as amended

PLEASE TYPE OR PRINT ALL INFORMATION OTHER THAN SIGNATURES

STATE OF FLORIDA

MARION County

Before the undersigned, an Officer Duly Authorized to Take Acknowledgment, personally appeared the **PAYEE** or responsible **Representative (CLAIMANT)** _____

(Name)

who, being duly sworn, deposes and says that CLAIMANT is informed and believes that the Clerk of Court and Comptroller of Marion County (Clerk) did issue a check described below:

Check No. _____;

Check date: _____;

Check Amount \$ _____;

Account code _____;

Payable to the order of _____;

and CLAIMANT further says that according to CLAIMANT's best knowledge, information and belief, the said check has been lost or destroyed and the PAYEE has not benefited in any way directly or indirectly from the above indicated check.

Has PAYEE endorsed the above check? ☐ YES ☐ NO

If the answer is yes, describe the circumstances: _____

Signature: _____

(CLAIMANT)

Title (if other than individual): _____

Address: _____

There must be two witnesses for payees who cannot sign their names. The Notary can be one witness.

WITNESS: _____

WITNESS: _____

ADDRESS: _____

ADDRESS: _____

*Sworn to and subscribed before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, _____ by:
(DATE) (MONTH) (YEAR)

*
(Please print, or type name of person making statement)

*
(Signature of Notary Public) State of Florida

*
(Print, type, or stamp Commissioned name of Notary Public)

*Personally Known _____ or Produced Identification _____

*Type of Identification Produced _____

The State of Florida requires a notary public seal shall be affixed to all notarized documents. This seal shall include "Notary Public-State of Florida" (or State you are notarized in). This seal shall also state name of notary public, commission expiration date and a commission number. If your State does not require a commission number, then a letter with a copy of your State's Notary Public laws must be attached to the affidavit for duplicate in order for the State of Florida to accept that affidavit and process that duplicate.

*** THE NOTARY MUST COMPLETE ALL INFORMATION**

The payee should complete this form and forward to:

Marion County Clerk of Court and Comptroller
Finance Department
PO Box 1030
Ocala. FL 34478-1030