

# Declaration

State of Georgia

\_\_\_\_\_, of \_\_\_\_\_ . do  
(Indemnitor) (Address)

I have known \_\_\_\_\_, presently incarcerated  
(Principal)

in the \_\_\_\_\_, for a period of \_\_\_\_\_ years.  
(Jail)

I know that he/she is sometimes called \_\_\_\_\_

False information shall result in your arrest.

Dated \_\_\_\_\_

X \_\_\_\_\_

Declarant