



Notarized Letter of Separation

Date: _____

To Whom It May Concern:

I, _____ (print name), have been separated from _____ (print name) since _____ (date). He/she (circle one) does/does not (circle one) provide me with child support. I receive \$ _____ (dollar amount) every week/month (circle one).

Sincerely,

_____ (please sign)

STATE OF FLORIDA COUNTY OF BROWARD

Affidavit of Witness to Signature/Identification

BEFORE ME, an officer duly authorized to administer oaths and take acknowledgements, personally appeared, _____, who is personally known to me/or presented a _____ Driver's License Number/ID# _____, EXP Date _____

SWORN TO AND SUBSCRIBED BEFORE ME THE _____ day of _____ 20__

Print Name of Notary: _____

Signature of Notary: _____

Notary Stamp