FAIRFAX CIRCUIT COURT

CONFIDENTIAL

AFFIDAVIT OF IDENTITY OF A TRUST FUND BENEFICIARY

This affidavit is executed pursuant to Virginia Code Section §8.01-600 to ascertain the identity of a beneficiary of a trust fund to be deposited with the Clerk of the Circuit Court. **The information contained herein is for use only for financial management and reporting and shall not otherwise be disclosed except as provided by said Code.**

Case Number_____

Beneficiary's name_____

Date of Birth_____ Social Security Number_____

Current Address_____

I,_____, am

☐ the named beneficiary

☐ the parent or guardian of the named beneficiary

☐ the *guardian ad litem* of the named beneficiary

☐ the attorney for the petitioner

☐ other_____

And I hereby swear, or affirm, that the beneficiary's date of birth, current address and Social Security Number, as stated above, are correct.

_____
Signature

Commonwealth of Virginia
County or City of: _____

I, _____, certify that _____, whose name is signed above, personally appeared before me in the county or city aforesaid on the _____day of _____, 20_____, and took and subscribed the above oath.

_____
Clerk/Deputy Clerk/Notary