

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