

**STATE OF LOUISIANA**

**PARISH OF \_\_\_\_\_**

**AFFIDAVIT**

I, \_\_\_\_\_ legal representative of \_\_\_\_\_ / \_\_\_\_\_  
(Name of fire chief or chief official of local governing body) (Name of fire department) (FDID)

certify as follows:

1. \_\_\_\_\_ is a volunteer member of \_\_\_\_\_ / \_\_\_\_\_.  
(Name of injured volunteer) (Name of fire department) (FDID)
2. On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, volunteer member, \_\_\_\_\_ injured him/herself. (See attached injury report.)  
(Name of injured volunteer)
3. The injury occurred in the line of duty.

\_\_\_\_\_  
Signature of fire chief or chief official of local governing body

\_\_\_\_\_  
Printed name of fire chief or chief official of local governing body

Sworn to and subscribed before me, Notary Public, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
in \_\_\_\_\_, Louisiana.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Notary Number