

CHESTERFIELD POLICE DEPARTMENT

Date ____/____/____

Case #: _____

Statement of: _____ DOB: _____

Address: _____ Phone #: _____

I have read this statement given by me or have had it read to me. I fully understand it and certify that it is true and correct to the best of my knowledge and recollection. I understand that making a false written statement is punishable by criminal penalties (NH RSA 641:3).

Signature of Person Giving Statement

Signature of Officer Taking Statement