

CHESTERFIELD POLICE DEPARTMENT

Date ____/____/____

Case #: _____

Statement of: _____ DOB: _____

Address: _____ Phone #: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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