

CASE #



**BLANCHARD POLICE DEPARTMENT
VOLUNTARY STATEMENT**

NAME: LAST, FIRST, MIDDLE		DOB:	DL#	
PHYSICAL ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS		CITY	STATE	ZIP
CELL PHONE:		HOME/WORK PHONE:		
E-Mail Address:				

I am providing the following information to the Blanchard Police Department. I volunteer this information of my own free will, for whatever purpose it may serve.

I have read each page of this statement consisting of _____ page(s). Each page of which bears my signature, and corrections, if any, bear my initials. I certify that the facts contained herein are true and correct to the best of my knowledge and belief.

Signature of Person Making Statement

Date

Witness/Parent/Officer