



SWORN AFFIDAVIT – VACCINATION RECORD

I declare that the COVID-19 Vaccination Record provided to the City of Central Falls is authentic, true, and unaltered. I understand that knowingly providing an inauthentic, dishonest, or altered COVID-19 Vaccination Record could lead to disciplinary action and constitutes a misdemeanor under Rhode Island General Law Chapter 11-18-1, punishable by imprisonment of up to one (1) year and \$1,000 fine.

Print Name

Department: _____

Signature

Date: _____

STATE OF RHODE ISLAND PROVIDENCE COUNTY

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, personally known to the notary through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to the notary that they signed it voluntarily for its stated purpose.

Notary Public:

Commission Expires: