CLARE POLICE DEPARTMENT

207 W. 5th Street, Clare, Michigan 48617
Phone: 989-386-2121 / Fax: 989-386-0440

Comp #: _____

VOLUNTARY STATEMENT FORM

Name: _____ D.O.B.: _____

Address: _____ Phone #: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I have read this statement consisting of _____ page(s), and I affirm to the truth and accuracy of the facts therein.

This statement was completed at _____, on the _____ day of _____ 20_____.
(Time)

_____ _____
SIGNATURE OF PERSON GIVING VOLUNTARY STATEMENT WITNESS

11/05 JJP

CLARE POLICE DEPARTMENT

207 W. 5th Street, Clare, Michigan 48617

Phone: 989-386-2121 / Fax: 989-386-0440

Comp #: _____

Page: _____

VOLUNTARY STATEMENT FORM

(Page 2 or more)