

Fire Event Personal Contents Loss Affidavit

Affiant Full Name

Current Address

Contact Phone

Email Address

Date of Fire Event

Fire Event Address

Claim/Incident Number (if applicable)

Statement of Loss

Inventory of Lost Personal Contents

Description of Item	Approx. Age	Estimated Value (\$)	Notes

Additional Comments or Explanations

Affirmation

I, the undersigned, solemnly affirm that the above information is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or false statement may result in denial of my claim and/or legal consequences.

Signature of Affiant

Date

Witness (if required):
