

DEPARTMENT OF FINANCIAL SERVICES

**Division of Rehabilitation and Liquidation**

[**www.floridainsurancereceiver.org**](http://www.floridainsurancereceiver.org/)

# DIVORCE AFFIDAVIT for NAME/ADDRESS CHANGE REQUEST

After being duly sworn, the Affiant states as follows:

1. My name is . I have personal knowledge of the matters set forth in this affidavit, and if called to testify would do so as set forth herein.
2. I am years of age.
3. My current address is .

# (\*Insert Receivership Company name or Receiver Claim Number from the request form)

1. This claim with \* has not been subject to disposition in the dissolution of a marriage proceeding.
2. I am the sole person who is entitled to any funds resulting from receivership id# \* in the estate of \* .
3. I agree to allow my name and address to be provided to any subsequent claimants who come forward with proof to claim entitlement to these funds.
4. I agree to hold harmless the Department of Financial Services and the Division of Rehabilitation and Liquidation should subsequent claimants come forward with proof to claim entitlement to these funds.

I swear or affirm that I am the claimant referenced in the mailing address on this form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge.

(Affiant Signature) (Affiant Printed Name)

State of County of

Sworn to and subscribed to me by on this day of , 20 .

Notary Signature

R6-13 (H) Divorce Affidavit 8/2011