



**Government of the
District of Columbia**
Office of Tax
and Revenue
Recorder of Deeds
1101 4th Street, SW
Washington, DC 20024
Phone (202)727-5374

GRANDPARENT AND GRANDCHILD AFFIDAVIT

Square

Suffix

Lot

Print Name of Grandparent 1

and

Print Name of Grandparent 2

Print Name of Grandchild 1

Print Name of Grandchild 2

The above named individuals are legally related to each other as stated.

Affiant/Grandparent/Grandchild hereby affirms under penalty of law that the above statement and representation are correct and true to the best of his/her information, knowledge and belief. Furthermore, Affiant/Grandparent/Grandchild hereby acknowledges that any false statement or misrepresentation that he/she makes on this form is punishable by criminal penalties under the D.C. Official Code Sections §47-4106 and §22-2405.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

DISTRICT OF COLUMBIA,

Signed and affirmed before me on this ____ day of _____ month in the year _____

by _____
(name(s) of person(s) making statement)

Notary Public

My Commission Expires: _____