



STATE OF MISSOURI
OFFICE OF STATE TREASURER
AFFIDAVIT FOR FORGERY

P.O. BOX 210
JEFFERSON CITY MO 65102-0210
(573) 751-2434

_____, of lawful age, upon oath state(s) that he/she/they
CLAIMANT(S)

_____, is the payee of a check dated _____,
NAME OF COMPANY, IF APPLICABLE MONTH/DAY/YEAR

_____, and drawn by the treasurer of the State of Missouri on UMB Bank in
check number

Jefferson City, Missouri, in the amount of \$ _____.

Upon notarization of the signatures on this affidavit, the Claimant(s) is/are stating that they have examined the endorsement on the attached check and have determined that they:

- 1) did not write the endorsement, nor authorized or procured the endorsement to be written, and consequently, claim(s) the endorsement is a forgery written by the person other than the claimant.**
- 2) the Claimant states that he/she/they has/have never received the dollar amount of the check, or any portion of it, either directly or indirectly.**

SIGNATURES (TO BE SIGNED IN PRESENCE OF A NOTARY PUBLIC)

SIGNATURE

ADDRESS	CITY	STATE	ZIP
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SIGNATURE

ADDRESS	CITY	STATE	ZIP
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NOTARY PUBLIC

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE OF _____	COUNTY (OR CITY OF ST. LOUIS) _____
	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ YEAR _____	
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE _____	MY COMMISSION EXPIRES _____
NOTARY PUBLIC NAME (TYPED OR PRINTED) _____		

INSTRUCTIONS TO PAYEE

This correspondence is being sent in response to an inquiry you made with the Office of the Missouri State Treasurer regarding a state check. Carefully read the instructions. Be sure to properly complete and return this form in order to prevent delay in processing your request.

Be advised that it is a criminal offense to knowingly file a false affidavit, obtain a replacement check through false representation, negotiate a check for which a replacement has been requested, or negotiate a replacement check obtained under false circumstances.

PAID CHECKS, FILING A CLAIM OF FORGERY

To pursue a forgery claim, the enclosed Affidavit of Forgery must be completed by all claimants, signed under oath before a notary public, and returned to this office for processing.

PLEASE RETURN ALL FORMS TO:

Office of the Missouri State Treasurer
General Services Section
P.O. Box 210
Jefferson City, MO 65102-0210

AMERICANS WITH DESABILITIES ACT (ADA) NOTICE

No qualified individual with a disability shall, by reason of disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the Treasurer of Missouri, or be subjected to discrimination by the Treasurer of Missouri. Any individual needing special accommodations (e.g., documents prepared in an alternative format or special telecommunications assistance) should request such accommodations from the Treasurer. For more information about such services, contact the ADA Coordinator at (573) 751-8533.