Court of Washington For ISLAND COUNTY	No.
_____ _____ Petitioner DOB vs. _____ _____ Respondent DOB	**Declaration of** **_____ (Name)** (DCLR) (Optional Use) (Clerk's Action Required)

This declaration is made by:

Name: _____

Age: _____

I declare,

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(Attach additional single-sided pages if necessary and number them.)

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at _____ (city) _____ (state) on _____ (date).

_____	_____
Signature of Declarant	Print or Type Name