Verification of Signature Form

COMMONWEALTH OF :
: ss
COUNTY OF :

Then personally appeared _____

and _____ who being duly _____ according to law, say(s) that he / she was well acquainted with _____, one of the subscribing witnesses to the foregoing ☐Will ☐Codicil of deceased, and is / are familiar with his / her signature, having frequently seen him / her write his / her name as well as other matters; that he / she / they carefully examined the foregoing signature of _____ and verify / believe it to be in his / her own proper handwriting.

Sworn and subscribed before me the above date.

_____ _____
(Signature) *(Signature)*

_____ _____
(Street Address) *(Street Address)*

_____ _____
(City, State) *(City, State)*

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

_____
Deputy of Register of Wills