
I _____ acknowledge this information contained in this Accident Claim is true and accurate.
Name

Signature

STATE OF MISSISSIPPI

COUNTY OF NESHOBA

PERSONALLY APPEARED BEFORE ME, the undersigned in and for the jurisdiction aforesaid, the within named _____, who acknowledged that he/she signed, executed and delivered the above and foregoing NESHOBA COUNTY ACCIDENT CLAIM FORM as his/her own act and deed on the day and year therein set forth and for the purposes therein stated.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE, this the _____ day of _____, 200__.

NOTARY PUBLIC

My Commission Expires

SEAL