

**ALSTEAD POLICE DEPARTMENT
WITNESS/COMPLAINANT STATEMENT FORM**

Case No.: _____ Page _____ of _____ Today's Date: _____

Statement of:

Last Name: _____ First Name: _____ MI: _____ Date of Birth: _____

Street Address: _____ Telephone No.: (_____) _____

Town/City: _____ State: _____ Zip Code: _____

Warning: The giving of false statements, written or otherwise, is punishable by law under any or all of the following statutes; NH RSA 641:2 (Sworn Falsification), NH RSA 641:3 (Unsworn Falsification), NH RSA 641:4 (False Report to Law Enforcement).

I understand and certify that I have read or have had read to me this statement given by me. I fully understand it and certify that it is true and correct to the best of my knowledge and recollection.

Signed: _____

Then personally appeared the above named _____ and made oath that the foregoing statement is true and correct to the best of his/her knowledge and belief.

Officer / Justice of the Peace
My Commission Expires _____

**ALSTEAD POLICE DEPARTMENT
WITNESS/COMPLAINANT STATEMENT FORM**

Case No.: _____ Page _____ of _____

Signed: _____ Date: _____