
Parents Affidavit of Support

State of [State Name]

County of [County Name]

I, **[Your Full Name]**, residing at [Your Full Address], [City], [State], [Postal Code], being duly sworn, depose and state as follows:

1. Purpose

I am submitting this affidavit in support of my [child/children], [Full Name(s) of Child/Children], for [specific purpose, e.g., visa application, educational support].

2. Relationship

I am the parent/legal guardian of [Full Name(s) of Child/Children].

3. Commitment to Support

I confirm my ability and intent to financially and emotionally support my child/children during their stay in [specific location or institution].

4. Financial Capability

My annual income is approximately [state amount], supported by attached documents such as [list documents, e.g., tax returns, bank statements].

5. Duration of Support

I will provide support until [specific duration, e.g., the end of their education, legal process, settlement].

Signature

[Your Full Name]

[Your Signature]

Date: [Insert Date]