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# Apostille 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 compliance with the Apostille requirements for [specific purpose, e.g., immigration, legal documentation] to [country name].

2. **Relationship**

I am related to the beneficiary as [state relationship, e.g., spouse, sibling, parent, etc.].

3. **Commitment to Support**

I confirm my commitment to providing financial support to [Full Name of the Person You Are Supporting] and ensuring that they have sufficient means to fulfill their obligations as per the requirements of [country name].

4. **Income and Assets**

My annual income is approximately [state amount], and I have assets amounting to [state amount]. Relevant documents are attached, including [list documents, e.g., bank statements, proof of employment].

5. **Duration of Support**

I agree to provide support until [specific duration, e.g., completion of a process, permanent settlement].

**Signature**

[Your Full Name]

[Your Signature]

Date: [Insert Date]