⊘	Department of Veterans Affairs
	- opanimont of votorano / mano

VOLUNTARY WITNESS STATEMENT

Location:		Date:	
I,	, residing at or employed at		
make the following statement freely and voluntarily:			

Page 1 of _____

(Declarant Initials)



VOLUNTARY WITNESS STATEMENT (Continuation Sheet)

E. Department of Veterans Analis	· /
Statement of	
have read/have had read to me the above statement consisting of page(s), and certify the mowledge.	at it is true and correct to the best of my
No threats or promises have been made to me and no pressure or coercion of any kind has been u	
(Declarant) Signature (Date)	

(Date)

(Witness) Signature

of

Page