

# Rio Police Department Voluntary Statement Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

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I have read each page of this statement consisting of \_\_\_\_\_ page(s). Each page bears my signature and I have initialed any and all corrections. This statement was made by me voluntarily and of my own free will and I offer it for whatever purposes it may serve. I hereby certify that the facts contained within this statement are true and correct.

Dated at \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_  
(Location) (Time) (Date)

\_\_\_\_\_  
(Signature of person giving voluntary statement)