

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

AFFIDAVIT OF CLOSE FRIEND

#660-126)
3/92

_____ being duly sworn, deposes and says:

1. I reside at

2. I am a close friend of the patient _____
and have maintained such regular contact with the patient as to be
familiar with his/her activities, health and religious or moral beliefs.

3. I base my statement that I am a close friend on the following facts and
circumstances (describe relationship with patient, frequency of contacts,
etc.):

Signature

Sworn to before me this
_____ day of _____, 19__.

Notary Public