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