

**AFFIDAVIT FOR DUPLICATE CHECK**

Section 17.13, Florida Statutes, as amended

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

BEFORE me, the undersigned, an Officer Duly Authorized to Take Acknowledgement, personally appeared the PAYEE or responsible Representative (CLAIMANT) \_\_\_\_\_ who, being duly sworn, deposes and says that Claimant is informed and believes that the Clerk of the Circuit Court of Marion County did issue a check described below:

**Check No.:** \_\_\_\_\_ **Check Date:** \_\_\_\_\_  
**Check Amount:\$** \_\_\_\_\_ **Account Code:** \_\_\_\_\_  
**Payable to the order of:** \_\_\_\_\_

Claimant further says that according to Claimant’s best knowledge, information and belief, the said check has been lost or destroyed and the Payee has not benefited in any way directly or indirectly from the above indicated check.

Has Payee endorsed the above check? Yes\_\_\_\_\_ No\_\_\_\_\_; If the answer is yes, describe the circumstances:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Claimant:\_\_\_\_\_

Title (if other than individual):\_\_\_\_\_

Address:\_\_\_\_\_, City:\_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_

There must be two witnesses for payees who cannot sign their names. The Notary can be one witness.

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

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

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\*THE NOTARY MUST COMPLETE ALL INFORMATION BELOW.

Sworn to and subscribed before me this \_\_\_\_\_ date of \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

The State of Florida requires a notary public seal shall be affixed to all notarized documents. This seal shall include “Notary Public-State of Florida” (or State you are notarized in). This seal shall also state name of notary public, commission expiration date and a commission number. If your State does not require a commission number, then a letter of your State’s Notary Public laws must be attached to the affidavit for duplicate in order for the State of Florida to accept that affidavit and process that duplicate.

Completed form should be mailed to:

MARION COUNTY CLERK’S OFFICE  
ATTN: FINANCE DEPARTMENT  
P.O. BOX 1030  
OCALA, FL 34478