

SUPREME COURT OF MISSOURI
Board of Law Examiners
P.O. Box 104236, Jefferson City, MO 65110-4236

UPDATE AFFIDAVIT FORM

NAME:

SSN:

In accord with my continuing obligation to update my application I provide the following new or changed information in response to Question(s) _____ :

I hereby swear (or affirm) under penalty of perjury that all statements contained herein are true.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

(SEAL)

My commission expires: _____.