

**COMMONWEALTH OF MASSACHUSETTS**

**Department of the State Treasurer**

**Unclaimed Property Division**

**One Ashburton Place, 12<sup>th</sup> Floor**

**Boston, MA 02108-1608**

**(617) 367-0400**

**LOST CHECK AFFIDAVIT**

1. Being duly sworn under the penalties of perjury I \_\_\_\_\_  
(Name)

state I am of full age and reside at \_\_\_\_\_  
(Street) (City/Town) (State) (Postal Code)

**(COMPLETE THE FOLLOWING SECTION IF YOU ARE THE ORIGINAL OWNER)**

2. I have not sold, assigned, transferred, nor pledged lost check and balance, nor given it away, nor authorized nor empowered any person or persons, corporation or association, to draw any amount on same.

The last time I saw the check it was with \_\_\_\_\_

at \_\_\_\_\_ on or about \_\_\_\_\_  
\_\_\_\_\_ ; that I missed it for the first time on or about \_\_\_\_\_ ;  
(Date) (Date)

that I have made diligent search for it \_\_\_\_\_  
(place)

that I do not know in whose possession it is, nor where it could be found.

**(ALL CLAIMANTS SHOULD COMPLETE THIS SECTION)**

3. In consideration of the payment to one of the said amount, I agree to indemnify THE COMMONWEALTH OF MASSACHUSETTS and hold harmless for and from all claims and loss, costs, damages, and expenses which THE COMMONWEALTH OF MASSACHUSETTS may sustain by reason of the turning over of the said amount to me and by reason further of its refusal hereafter to pay the said amount to any other person or persons.

\_\_\_\_\_  
Bank Name Check Number Claimant's Signature

Subscribed and Sworn to before me,

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A Notary Public in and  
for the County of \_\_\_\_\_ in the State of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires \_\_\_\_\_

ID# \_\_\_\_\_