

GEORGIA BOARD FOR PHYSICIAN WORKFORCE

1718 Peachtree Street, N.W., Suite 683

Atlanta, Georgia 30309-2496

CERTIFICATION OF RESIDENCY

Full Name _____
Sex _____ Date of Birth _____ Place of Birth _____
Temporary Address _____
Telephone Number () _____ Social Security # _____
Permanent Home Address _____
Parents Address _____
If Married, Name of Spouse _____
Current Address of Spouse _____
Medical School You Are Planning to Attend _____
Present College Enrollment _____
Georgia Residency Maintained Continuously Sine (Year) _____ (Month) _____
High School Attended _____
Most Recent Driver's License Issued by Which State _____
Automobile(s) (If Any) Registered in Which State _____
Address Shown on Credit Cards (If Any) _____
Dates of Last Full-Time Employment (Inclusive Dates) _____ to _____ State _____
Where Employed _____
Job Description _____
Year and State for Which Last State Income Tax Return was Filed _____
State of Residence Claimed on Last State/Federal Income Tax Return _____
This Residence was claimed for Whole or Part Year _____
Last Year Homestead Exemption was claimed on a Home in State of Residence _____
In Which State Were You Last Registered to Vote _____ Date _____
Military Service _____ Home of Record _____

The above information is given to the official whose signature appears below for the purpose of assisting the said official in determining my legal residency status.

Sworn to and subscribed before me this _____ day of _____, 20_____

Signature _____
Notary Public Applicant

****CERTIFICATION OF RESIDENCY****

*The Following Certification must be executed by A Judge of the Highest Court of the County where you maintain your Legal Residence.

Based on the above information, I hereby certify that, in my opinion, _____
_____ is and has been a legal resident of the County of _____
and State of _____ for the past twelve (12) month or more.

Signature of Official _____
Title _____ Date _____