



HANDWRITING SAMPLE

General Information						
(Print clearly)						
Name (First, MI, Last)				Date of Birth (Month/Day/Year)		Place of Birth
Driver's License/ID # (including state)				Left Handed <input type="checkbox"/> Right Handed <input type="checkbox"/>		
Sex	Age	Height	Weight	Eyes color	Hair color	
Residence (Street Address)						
City, State, and Zip Code						
Endorsements						
Sign your name in each of the cells below. These example signatures will be compared to the questioned signature placed on the original check to determine how similar they are to each other.						
Signature/Endorsement			Signature/Endorsement			
X			X			
Signature/Endorsement			Signature/Endorsement			
X			X			
Signature/Endorsement			Signature/Endorsement			
X			X			
Signature/Endorsement			Signature/Endorsement			
X			X			
Signature/Endorsement			Signature/Endorsement			
X			X			
Signature/Endorsement			Signature/Endorsement			
X			X			
The above handwriting was given freely and voluntarily						
Claimant's Signature				Date		