



Deborah B. Goldberg
Treasurer and Receiver

COMMONWEALTH OF MASSACHUSETTS

**Department of the State Treasurer
Unclaimed Property Division
One Ashburton Place, 12th Floor
Boston, MA 02108-1608
www.findmassmoney.com
(617) 367-0400**

CLAIM NUMBER

LOST CHECK AFFIDAVIT

NOTE: This form is in a fillable PDF format. Tab to each open field and key in the desired information. Print the form, add your signature and have it notarized. Upload the document on our website or mail to the address above.

I, _____ (claimant), being duly sworn upon oath, submit the following which may be relied and acted upon by the MA Unclaimed Property Division:

1. I, _____, am the original and sole owner of the check below.
2. I have never made the check payable to another person.
3. I have not sold, assigned, transferred, nor pledged the lost check and balance, nor given it away, nor authorized nor empowered any person or persons, corporation or association, to draw any amount on the same.
4. 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 – Witnessed by a Notary Public

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 _____