

STATE OF ILLINOIS )  
ILLINOIS STATE POLICE ) FOID Card Number: # \_\_\_\_\_  
FIREARMS SERVICES BUREAU )

**AFFIDAVIT**

The undersigned, \_\_\_\_\_, being first duly sworn upon oath, states as follows: *(enter full legal name)*

1. On or about \_\_\_\_\_ *(date)*, I received notification from the Illinois State Police that my FOID card had been revoked. I understand that in accordance to 430 ILCS 65/9.5, I am required to surrender my FOID card to my local police agency along with any minor's FOID card that I may sponsor within 48 hours of notification.
2. I hereby certify that I am not in possession of the revoked FOID card. I am now reporting that I have lost the previously issued FOID card on or about \_\_\_\_\_ *(date)*.
3. I understand that the observation of a FOID card in my possession shall be sufficient basis for my arrest under Section 430 ILCS 65/9.5.
4. My date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_\_.
5. My driver's license or identification card number is \_\_\_\_\_.

**FURTHER AFFIANT SAYETH NOT.**

\_\_\_\_\_  
Signature

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public