

Oconto Falls Police Dept.
Voluntary Statement

Name: _____ D.O.B. _____
(First) (Middle) (Last) (Date of Birth)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Date _____ Time _____

I have read this statement consisting of _____ page(s), and I affirm to the truth and accuracy of the facts contained therein. This statement was completed at _____ pm/am, on the _____ day of _____ 20____. Signature : _____.

Witness: _____ Officer C. Rank Complaint# _____