



# Westampton Township Police Department

710 Rancocas Road, Westampton, NJ 08060  
 Phone (609)267-3000 Fax: (609)261-7551



## Voluntary Statement Form

Full Name: \_\_\_\_\_  
(First) (Last) (M.I.)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_ - \_\_\_ - \_\_\_ Social Security Number: \_\_\_ - \_\_\_ - \_\_\_

Phone #: (H): (\_\_\_\_) \_\_\_ - \_\_\_ (C): (\_\_\_\_) \_\_\_ - \_\_\_ (W): (\_\_\_\_) \_\_\_ - \_\_\_

Reporting Officer: \_\_\_\_\_

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If more space is needed, please use reverse side.

I have read each page of this statement consisting of \_\_\_ page(s). Each page bears my signature and any corrections I have made are identified with my initials. I certify that the facts contained herein are true and correct. If any of my statements are knowingly false, I am subject to the penalties/punishment under N.J.S.A. 2C:28-3b which states, "A person commits a disorderly persons offense if, with the purpose to mislead a public servant in performing his function, he makes any written false statement which he does not believe to be true." I understand that the police officer to whom I am giving this voluntary statement to is a public servant.

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Witness: \_\_\_\_\_

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