**Sworn statement – Family relationship**

[NAME OF THE ORGANISATION]

[ADDRESS]

[LOGO OF THE ORGANISATION]

For the attention of the Protect Aid Workers secretariat,

I, [full name], the undersigned, [your position] for [name of your organization], certify that [name of the relative], born on [date of birth of the relative], is the [father/mother/brother/sister/child] of [name of the aid worker] impacted by the incident for which financial support was requested to Protect Aid Workers.

Full name:

Date and place of signature:

Signature: