FOID Application Inadvertent Yes Answer – Mental Health Admission Within 5 Years

AFFIDAVIT

The undersigned, ________________________________, being first duly sworn upon oath, states as follows:

1. My Firearm Owner’s Identification (FOID) Application Number is ____________________________.

2. On or about ________________ (date), I received notification from the Illinois State Police that my FOID application was denied. The stated reason for the denial is that on my application I indicated that I have, within the 5 years preceding the date of my application, been a patient in a mental institution or any part of a medical facility for the treatment of mental illness.

3. I hereby certify that I answered this question in error and that I have not, within the 5 years preceding the date of my application, been a patient in a mental institution or any part of a medical facility for the treatment of mental illness.

4. I understand that this affidavit shall constitute part of my license application.

5. I understand that pursuant to Section 14(d-5) of the FOID Card Act, entering false information on this affidavit is punishable as perjury under Section 32-2 of the Criminal Code of 2012.

FURTHER AFFIANT SAYETH NOT.

______________________________
Signature

Subscribed and sworn to before me

this __________ day of ____________, ________.

______________________________
Notary Public