

I. CLAIMANT INFORMATION			
Claimant Name	Last		First
Claimant ID		Law Firm	
II. SWORN STATEMENT			
By signing below, I am declaring under penalty of perjury that I purchased Vioxx for personal or family use on or before September 30, 2004 and that other approved forms of proof of payment or proof of prescription are not available.			
Signature			Date ____/____/____ (month) (day) (year)
Printed Name	First	MI	Last