



OFFICE OF THE SHERIFF

COUNTY OF FORSYTH



Required Address Attachment for Weapon Permits (N.C.G.S. 14-405)

Applicant's Name: _____ Place of Birth: _____
Last, First Middle City, State and Country

List Addresses for Previous 20 years (Starting with Current Address):

From / Present	House Number and Street	City	State
From / To	House Number and Street	City	State
From / To	House Number and Street	City	State
From / To	House Number and Street	City	State
From / To	House Number and Street	City	State
From / To	House Number and Street	City	State
From / To	House Number and Street	City	State
From / To	House Number and Street	City	State
From / To	House Number and Street	City	State
From / To	House Number and Street	City	State
From / To	House Number and Street	City	State
From / To	House Number and Street	City	State
From / To	House Number and Street	City	State

Note: If you were in the Military or College, list where you were based or attended school.