

**STATE OF NORTH CAROLINA
COUNTY OF FORSYTH**

**IN THE MATTER OF THE CONCEALED
HANDGUN PERMIT APPLICATION FOR:**

AFFIDAVIT

First	Middle	Last Name	Date of Birth
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I am applying for a Concealed Handgun Permit in Forsyth County. Pursuant to NCGS 14-415.12, I understand that State law mandates that if:

1. I suffer from a physical or mental infirmity that prevents the safe handling of a handgun [NCGS 14-415.12(a)(3)], or
2. I am currently, or have been previously adjudicated by a court or administratively determined by a governmental agency whose decisions are subject to judicial review to be, lacking mental capacity or mentally ill [NCGS 14-415.12(b)(6)]

The Office of the Sheriff shall, in accordance with statute, deny my application for a concealed handgun permit.

Knowing and understanding these facts, I hereby declare that:

1. I am not currently being, nor have I ever been, treated for such a mental disability and/or committed involuntarily to the care of a mental health facility, or
2. If I have ever been treated for such a mental disability and/or committed involuntarily, I understand that I must disclose the details of such to the Office of the Sheriff for the purposes of this permit application.

I understand that failure to disclose this information can be used as grounds for denial of my concealed handgun permit application. I also understand that it will be required of me to provide consent for the Office of the Sheriff to access and review any such records in compliance with NCGS 14-415.13(a)(5) and 18 U.S.C. Section 922(G)—also known as the Brady Act.

This the _____ day of _____, _____

Signature: _____

Sworn To and Subscribed To Before Me

Date: _____

Signature of Notary: _____

Title: Notary Public Date Commission Expires: _____

Seal: