Wagoner Police Department

Voluntary Statement

Case # ____-_____

Name: _____ Date of Birth: _____ Sex: _____ Race: ____ Age: ____

Address: _____ City/State/Zip: _____

Hm Phone: _____ Cell Phone: _____ Wk Phone: _____

DL #: _____ SOC#: _____ Date: _____ Time: _____

I have read each page of this statement consisting of ____ page(s), each page of which bears my signature and I certify that the facts contained here are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Signature: _____ Date: _____

Parent or Guardian if 17 years of age or younger

Reporting Officer Badge Number Date