

New Ipswich Police Department

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NEW IPSWICH POLICE DEPARTMENT

Voluntary Statement Form

Date: _____ Time: _____ Place: _____

I, _____ I make the following statement(s) freely and voluntarily
to _____ who has identified themselves as a member of the New Ipswich
Police Department. Case #: _____

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I certify that the above statement(s) made by me are the truth to the best of my knowledge.

DATE _____

MUST BE SIGNED