



Last Name			First Name(s) and 4-H Age(s)		4-H Club FFA Chapter Name			County
CA#			Premise ID# NEBRASKA 4-H F	FFA and FEEDER CA	ALF OWNERSH	IIP A	FFIDAVIT (Rev. 3/21)	
Home Raised (HR), County Raised (CR), or Return (R)	Breed or Breeds Involved or Description of Animals	Sex	Date of Birth (month/year)	Visual Tag N Full 15 Digit El (Please include both	D Number	vîf State Fair Animal	State Fair Validation Number	Additional Notes
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	Club FFA Chapter Monose listed at the top of this		Signatu	re of Parent and Address			This (these) youth has (have) sub Affidavit in accordance with all ru 4-H or FFA Program and also has Food Animal Quality Assurance p	les of the state, county, and Cha (have) successfully completed