

DECLARATION REGARDING
CONFIRMATION OF IDENTITY AND SOCIAL SECURITY NUMBER

In re: (Debtors' Name(s)) _____

Bankruptcy Case No. _____

Date of telephonic or video conference appearance at § 341(a) meeting of creditors: _____

I declare as follows:

1) My name is : _____
(Print or type)

2) I am the (check one):
____ Attorney for the Debtor (if represented by counsel)
____ Debtor (if not represented by counsel)

3) Provided herewith is a color copy of the following original photo identification of the Debtor, the original of which I have reviewed and testify that the copy is a true and correct copy of the original:

____ Driver's License or ID Card (State & Name listed) _____
____ State Identification (State & Name Listed) _____
____ Passport (Country, number, expiration date, Name) _____
____ Military Identification (Branch & Name) _____
____ Other (describe) _____

4) Provided herewith is a color copy of the following original photo identification of the Joint Debtor, the original of which I have reviewed and testify that the copy is a true and correct copy of the original:

____ Driver's License or ID Card (State & Name listed) _____
____ State Identification (State & Name Listed) _____
____ Passport (Country, number, expiration date, Name) _____
____ Military Identification (Branch & Name) _____
____ N/A _____
____ Other (describe) _____

5) Provided herewith is a color copy of the following original proof of Social Security Number of the Debtor and, if applicable, Joint Debtor, the original of which I have reviewed and testify that the copy is/are a true and correct copy of the original:

____ Social Security Card for Debtor
____ Other Method for Debtor (specify) _____
____ Social Security Card Joint Debtor
____ Other Method for Joint Debtor (specify) _____

In accordance with 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed this _____ day of _____, _____, in _____, _____.
(Date) (Month) (Year) (City) (State)

Signature of Attorney or Debtor