

**DECLARATION REGARDING**  
**CONFIRMATION OF IDENTITY AND SOCIAL SECURITY NUMBER**

Debtor Name: \_\_\_\_\_

Co-Debtor Name: \_\_\_\_\_

Bankruptcy Case No. \_\_\_\_\_

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

I declare as follows:

1) My name is (attorney verifying ID/SSN): \_\_\_\_\_  
(Print or type)

2) My work address is: \_\_\_\_\_

3) My work telephone number is: (\_\_\_\_) \_\_\_\_\_

4) The address from where I participated in the § 341(a) meeting of creditors is:  
\_\_\_\_\_

5) I personally verified the identity of the debtor by checking his/her original photo identification:  
\_\_\_\_ 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) \_\_\_\_\_

6) I personally verified the identity of the co-debtor by checking his/her original phot identification:  
\_\_\_\_ 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) \_\_\_\_\_

7) I personally inspected the following original document as proof of the debtor's social security number and orally confirmed it with the trustee:  
\_\_\_\_ Social Security Card Name \_\_\_\_\_  
\_\_\_\_ Social Security Card Number \_\_\_\_\_  
\_\_\_\_ IF No Co-Debtor check here \_\_\_\_\_  
\_\_\_\_ Social Security Card Co Debtor Name \_\_\_\_\_  
\_\_\_\_ Social Security Card Co Debtor Name \_\_\_\_\_  
\_\_\_\_ Other Methods (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)

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Attorney Signature