

**DECLARATION OF DEBTOR CONFIRMING IDENTITY AND SOCIAL SECURITY NUMBER**

**SEND THIS FORM TO THE TRUSTEE 5 DAYS BEFORE THE 341 MEETING**

In re: (Case Name) \_\_\_\_\_

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

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

1) My name is : \_\_\_\_\_  
(Print or type)

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

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

4) My Email address is: \_\_\_\_\_

5) My cellular telephone number is: \_\_\_\_\_

6) My home telephone number is: \_\_\_\_\_

7) My work telephone number is: \_\_\_\_\_

IDENTITY VERIFICATION (SEND ONLY ONE OF THE FOLLOWING):

8) I verify that the copy of the document submitted is a true and correct copy of the original document:

\_\_\_\_\_ Driver's License \_\_\_\_\_ (State & number)

\_\_\_\_\_ State Identification \_\_\_\_\_ (State & number)

\_\_\_\_\_ Passport \_\_\_\_\_ (Country, number, expiration date)

\_\_\_\_\_ Military Identification \_\_\_\_\_ (Branch & ID number)

\_\_\_\_\_ Other \_\_\_\_\_ (describe)

SOCIAL SECURITY NUMBER VERIFICATION (SEND ONLY ONE OF THE FOLLOWING):

9) I verify that the copy of the document submitted is a true and correct copy of the original document:

\_\_\_\_\_ Social Security Card

\_\_\_\_\_ Social Security Administration Statement

\_\_\_\_\_ W-2 Form

\_\_\_\_\_ Recent Payroll Stub

\_\_\_\_\_ Employer's Health Card or Medical Insurance Card

\_\_\_\_\_ Other (specify)

**IN ACCORDANCE WITH 28 U.S.C. § 1746, I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE TRUSTEE. DO NOT FILE THIS FORM WITH THE COURT.**