

6) I personally inspected the following original document as proof of the debtor's social security number:

Debtor #1:

	Social Security Card
	Social Security Administration Statement
	W-2 Form
	Recent Payroll Stub
	Employer's Health Card or Medical Insurance Card
	Other (specify)

Debtor #2:

	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. Executed this _____ day of _____, _____, in _____.

(Signature of Person Verifying Identity and Social Security Number)