

DECLARATION REGARDING CONFIRMATION OF IDENTITY
AND SOCIAL SECURITY NUMBER

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

Debtor(s) Email Address: _____

Bankruptcy Case No. _____

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

Debtor #1: (ATTACH A CLEAR COPY OF PHOTO IDENTIFICATION)

	Driver's License	Issuing State:	Number:	Exp. Date:
	State Identification	Issuing State:	Number:	Exp. Date:
	Passport	Issuing Country:	Number:	Exp. Date:
	Military Identification	Branch:	Number:	Exp. Date:

Debtor #2: (ATTACH A CLEAR COPY OF PHOTO IDENTIFICATION)

	Driver's License	Issuing State:	Number:	Exp. Date:
	State Identification	Issuing State:	Number:	Exp. Date:
	Passport	Issuing Country:	Number:	Exp. Date:
	Military Identification	Branch:	Number:	Exp. Date:

Debtor #1: (ATTACH PROOF OF SOCIAL SECURITY NUMBER)

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

Debtor #2: (ATTACH PROOF OF SOCIAL SECURITY NUMBER)

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

If documentation provided is not legible, the hearing will not be conducted.