

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF**

STATEMENT OF SOCIAL SECURITY NUMBER(S)

I .Name of Debtor (enter Last, First, Middle): _____

(Check the appropriate box and, if applicable, provide the required information.)

Debtor Social Security Number is: _____

Debtor does not have a Social Security Number.

2.Name of Joint Debtor (enter Last, First, Middle): _____

(Check the appropriate box and, if applicable, provide the required information.)

Joint Debtor Social Security Number is: _____

Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

x _____
Signature of Debtor Date

x _____
Signature of Joint Debtor Date

**Joint debtors must Provide information for both spouses.*

Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.