

DECLARATION REGARDING ADMINISTRATION OF OATH AND CONFIRMATION OF IDENTITY AND SOCIAL SECURITY NUMBER

Debtor's Name:		Case No.:
§ 341(a) Meeting of Creditors Date:	Trustee's Name:	

1	SOS CHECKS					
∩ffi	ce of the US Trustee	§ 341(a) Meeting of Creditor	s Date: Tru	stee's Name:		
	clare as follows:					
1.	My name is:					
2.	My work addre	ss is:				
3.	My work phone	number is:				
4.	The address fro	m where I participated in the §	341(a) meetin	g of creditors is:		
5.	I am a person a	authorized to administer oaths	in the State of		, by virtu	ue of the following fact:
	I an	n a notary	I am a co	ourt reporter		
	l an	n a judicial officer	I am aut	horized to give a	n oath under the C	code of Military Justice
	Oth	er (describe):	/c:			
			(Give tii	tie and iegal authority for	power to administer oath)	
6.	I personally ver	ified the identity of the debtor	by checking his	s/her original pho	oto identification:	
	Driv	ver's License (state & number):				
	Sta	te Identification (state & numb	er):			
	Pas	sport (country, number, & expi	ration date):			
	Mil	itary Identification (branch & IE	number):			
	Oth	er (describe):				
7.		spected the following original dith the trustee:	ocument as pr	oof of the debto	r's social security n	umber and orally
		cial Security Card			rity Administration	1 Statement
		-2 Form nployer's Health Card or Medic	al Incuranco Ca	Recent Pay ard Other (spe		
		iployer's nearth card or ivieut.	ai ilisurance Ca	iru Other (spe		
8.	,	Date)		•	the trustee comm	nencing the questioning
	or the deptor to	or the telephonic or video confe	rence intervie	w or the deptor.		
In a	accordance with 2 day of	8 U.S.C. § 1746, I declare unde		• •		correct. Executed this
_	(Date)	(Month) (Year)	′	(City)		(State)