

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

In re: (Debtor's Name)

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

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

I declare as follows:

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

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

3) My work telephone number is: (\_\_\_\_) \_\_\_\_\_

4) The address from where I participated in the § 341(a) meeting of creditors is:  
\_\_\_\_\_

5) I am a person authorized to administer oaths in the State of \_\_\_\_\_, by virtue of the following fact:

\_\_\_\_\_ I am a notary

\_\_\_\_\_ I am a court reporter

\_\_\_\_\_ I am a judicial officer

\_\_\_\_\_ I am authorized to give an oath under the Code of Military Justice

\_\_\_\_\_ Other: \_\_\_\_\_

(Give title and **legal authority** for power to administer oath)

6) I personally verified the identity of the debtor by checking his/her original photo identification:

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

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

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

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

\_\_\_\_\_ Other (Describe) \_\_\_\_\_

7) I personally inspected the following original document as proof of the debtor's social security number and orally confirmed it with the standing trustee:

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

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

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

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

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

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

8) On \_\_\_\_\_, I did administer an oath to the debtor, prior to the standing trustee commencing

(Date)

the questioning of the debtor for the telephonic or video conference interview of \_\_\_\_\_ the debtor.

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 \_\_\_\_\_.

(Date)

(Month)

(Year)

(City)

(State)

\_\_\_\_\_  
Signature of Person Administering Oath and Verifying Identity and Social Security Number