

**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:

\_\_\_\_\_ Drivers 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 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 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