NICOLE TESTA MEHDIPOUR UNITED STATES BANKRUPTCY TRUSTEE

SOUTHERN DISTRICT OF FLORIDA

§ 341 REQUIRED DECLARATION REGARDING DEBTOR PHOTO IDENTITY AND VERIFICATION OF SOCIAL SECURITY NUMBER

Debtor(s) name(s):			Case No	
Date of Telephoni	c 341 M	Secting of Creditors	s:,, Time:	
Attorney:			Phone No.:	
Address:			FL Bar No.:	
1. The photo ide	<u>ntifica</u>	tion I have been p	provided by the Debtor(s) to prove identity is as follows:	
	<u>DEBTOR</u>		CO-DEBTOR	
	(select			
Driver's License				
State Photo ID				
Government ID				
Passport				
Military ID				
Resident Alien Card				
		<u>DEBTOR</u>	<u>CO-DEBTOR</u>	
		(select one) Number	<u>r select one) Number</u>	
Original Social Securit	y Card			
Medical insurance card				
FULL Social Security	number			
Original pay stub with	1			
FULL Social Security				
Original W2 or IRS 10	99 Form			
OREGOING IS TR Attorney Signature DECLARE UNDER F MY PHOTO IDE	UE, CO	MPLETE AND COL LTY OF PERJURY CATION AND SOCI	I DECLARE UNDER PENALTY OF PERJURY THAT THE RRECT ON THIS DAY OF, THAT I HAVE PROVIDED TRUE AND ACCURATE COPIES IAL SECURITY NUMBER VERIFICATION ABOVE AND	
FTACHED TO TH	IS FOR	M ON THIS	_ DAY OF	