



CERTIFICATION OF IDENTITY FOR BANKRUPTCY EDUCATION

My full legal name is: _____

My current address is: _____

A daytime phone number that I can be reached at: _____

My e-mail address is: _____

The county in which I filed bankruptcy: _____

My Attorney is: _____

My Attorney's address is: _____

My bankruptcy case number is: _____

I certify that I personally will complete the bankruptcy education course either online or in person. I understand that knowingly making a false or fraudulent statement or misrepresentation about my identity or completion of the bankruptcy education course is a violation of the requirements of Federal Law.

Signature _____

Date _____