



**Consumer
Credit
Counseling
Service®
of Northeastern
Indiana, Inc.**

A Non-Profit Community Service
Since 1965

CERTIFICATION OF IDENTITY FOR BANKRUPTCY EDUCATION

Legal name: _____

Current address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone you may be reached at: _____

E-mail address: _____

Your Attorney: _____

Attorney's address: _____

City: _____ State: _____ Zip Code: _____

Attorney's phone: _____ Attorney's fax: _____

(_____) please mark if you would like us to fax certificate to your attorney

County in which you filed bankruptcy: _____

Bankruptcy case number: _____

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: _____