



Certification of Identity for Bankruptcy Counseling

My full legal name is _____

My current address is _____

Please list a daytime phone number that you can be reached at.

The county in which I will be filing bankruptcy is _____

I certify that I personally will complete the counseling appointment. I understand that knowingly making a false or fraudulent statement or misrepresentation about my identity or completion of the counseling appointment is a violation of the requirements of Federal Law.

Signature

Date