



**CERTIFICATION OF IDENTITY FOR BANKRUPTCY COUNSELING**

My full legal name is: \_\_\_\_\_

My current address is: \_\_\_\_\_

A daytime phone number(s): \_\_\_\_\_

My email address: \_\_\_\_\_

The county in which I filed bankruptcy: \_\_\_\_\_

My Attorney name: \_\_\_\_\_

My Attorney's address is: \_\_\_\_\_

My bankruptcy case number is: (i.e. 09-12345) \_\_\_\_\_

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

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_