

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF INDIANA

In re )  
 )  
 ) Case No.  
 ) Chapter  
 )  
 Debtor(s) )

STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of Debtor (enter Last, First, Middle): \_\_\_\_\_  
(Check the appropriate box and, if applicable, provide the required information.)

//Debtor has a Social Security Number and it is: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(If more than one, state all.)

//Debtor does not have a Social Security Number.

2. Name of Joint Debtor (enter Last, First, Middle): \_\_\_\_\_  
(Check the appropriate box and, if applicable, provide the required information.)

//Joint Debtor has a Social Security Number and it is: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(If more than one, state all.)

//Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

X \_\_\_\_\_  
Signature of Debtor Date

X \_\_\_\_\_  
Signature of Joint Debtor Date

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\*Joint debtors must provide information for both spouses.  
Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.