Attorney/Debtor Name, Address, Phone, Fax, E-mail:	For Court use only **NOT TO BE FILED**
UNITED STATES BANKRUPTCY COURT **WESTERN DISTRICT OF MICHIGAN**	Case No.
In re: Debtor(s)	Chapter Select Chapter

STATEMENT OF SOCIAL SECURITY NUMBERS(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.)

☐ **Debtor has a Social Security Number and it is: _____**
(*If more than one, state all.)*

☐ 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 Debtor Date

*****_*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.