

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

Case No. _____

Debtor(s).

STATEMENT OF SOCIAL SECURITY NUMBER

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 Joint Debtor Date

**THIS STATEMENT MUST BE SUBMITTED IN PAPER FORM
WITH: (1) PETITIONS FILED ON DISKETTE BY ATTORNEYS; AND
(2) PETITIONS FILED IN PAPER FORM BY PRO SE DEBTORS.
DO NOT ELECTRONICALLY FILE THIS DOCUMENT.**

**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.**