Form B 21 Official Form 21
(12/03)

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In Re:	)	Chapter _____
	)	
	)	Case No. ____-_____ (_____)
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

**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.