

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MAINE**

**Case Number:**

**STATEMENT OF SOCIAL SECURITY NUMBER(S)**

*If filing jointly, information for both spouses must be provided on this form*

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Debtor Name *(enter full name)* \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ OR; (check if applicable)

Debtor does not have Social Security Number

Joint Debtor Name *(enter full name)* \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ OR; (check if applicable)

Joint Debtor does not have Social Security Number

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

\_\_\_\_\_  
Signature of Debtor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Date

**Penalty for making a false statement:** Fine up to \$250,000 or imprisonment for up to 5 year, or both. 18 U.S.C. §152 and §3571