

Certification Attachment



Attached to and made a part of FS Form:

Sign in ink in the presence of a certifying officer and provide the requested information.

Sign Here: _____

_____ (Print Name) _____ (Social Security Number)

Home Address _____ (Number and Street or Rural Route) _____ (Daytime Telephone Number)

_____ (City) _____ (State) _____ (ZIP Code) _____ (E-mail Address)

I CERTIFY that _____, whose identity(ies)
 _____ (Names of Persons Who Appeared)

is/are known or proven to me, personally appeared before me this _____ day of _____
 _____ (Month) _____ (Year)

at _____ and signed this form.
 _____ (City, State)

 _____ (Signature and Title of Certifying Officer)

 _____ (Address)

 _____ (City, State, ZIP code)

(OFFICIAL STAMP OR SEAL)

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