



# 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)

**Mailing 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)

(OFFICIAL STAMP  
OR SEAL)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, ZIP code)

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