

PostBankruptcy.org

Affidavit for Bankruptcy Education

Fax to: 1-888-738-8234

Or Mail to: PostBankruptcy, PO Box 866, Marmora, NJ 08230

My full legal name is _____
(First) (Middle) (Last) (Jr. Sr.III)

My current address is _____
(Street) (City) (State) (Zip)

My email address is _____

Daytime phone number _____ Evening phone number _____

My attorney is _____

My attorney's address is _____

My attorney's phone number is _____ Bankruptcy case# _____

My attorney's email address is _____

My Judicial District is: _____

In person registration: State or government issued picture ID presented and verified.

Registration by fax or mail: A copy of your state or government issued picture ID must accompany this form. You must have your attorney sign this form or have a notary notarize your signature.

By signing this form you certify the following:

I certify that all the information on this affidavit is true, correct and complete and made in good faith. I also certify that I personally will complete the education program. I understand that knowingly making a false or fraudulent statement or misrepresentation about my identity or completion of the education program is a violation of the requirements of Federal law.

I wish to have my education certificate emailed directly to my attorney.

Signature

Date

Attorney's signature (or notary below)

Date

(Below this line is for the Notary)

State of _____, County of _____

The foregoing instrument was acknowledged before me this _____ day of _____

_____, 20___, by _____.

My Commission Expires (Notary Seal)

(signature)
Notary Public (print or stamp name of notary)

Personally known _____

Or Produced Identification _____

Type of Identification Produced _____