FS Form 2778-1 (Revised October 2019)

Certification Attachment



Attached to and made a part of FS Form:

	Sign in in	k in the presence of a	a certifying of	ficer and provide the re	equested information	on.	
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)		
CEDTIEV that						vhasa idantity/ias)	
		(Names of Persons	s Who Appeared)			
s/are known or p	oroven to me,	personally appeared b	efore me this _	day o	f		
					(Month)	(Year)	
at		y, State)		and signed this form.			
	(- ,	,,,					
	(Signature and Title of Certifying Officer)				(OFFICIAL STAMP		
	(A.1				OR SEAL)		
	(Ad	dress)					
	(City, Si	tate, ZIP code)					
0:	Sign in in	k in the presence of a	a certifying of	ficer and provide the re	equested information	on.	
Sign Here:							
(Print Name)				(Social Security Number)			
Home Address							
		and Street or Rural Route		(Daytime Telephone Number)			
	(City)	(State)	(ZIP Code)		(E-mail Address)		
CERTIFY that						hose identity(ies)	
CENTII I tilat		(Names of Persons	s Who Appeared)	, vv	nose identity(les)	
s/are known or p	oroven to me,	personally appeared b	efore me this	day o	f		
					(Month)	(Year)	
at		y, State)		and signed this form.			
	(Ciana - torre	d Title of Coult in a Cour					
(Signature and Title of Certifying Officer)					(OFFICIAL STAMP		
	(Ad	dress)			OR SEAL)		
	(City, S	tate, ZIP code)					