

For official use only: Customer Name	Customer No.
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PD F 0385 E
Department of the Treasury
Bureau of the Public Debt
(Revised October 2005)

CERTIFICATE OF IDENTITY

OMB No. 1535-0048

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious or fraudulent claim or statement to the United States is a crime under the laws of the United States.
PRINT IN INK OR TYPE ALL INFORMATION

<i>Affidavit</i>

- I certify that the names _____ and _____ refer to the same person, whose correct name is _____.
- Is there now or was there during _____ any other person known to you by either/any
(Date or Period of Time)
of these names? Yes No If Yes, please explain:
- The names are different because:
- The source of my knowledge is:

Signature – You must wait until you are in the presence of a certifying officer to sign this form.

Sign Here: ⇒ _____ (Signature) _____ (Daytime Telephone Number)

Home Address: _____ (Number and Street or Rural Route) _____ (City) _____ (State) _____ (ZIP Code)

Certification – (Certifying Officer - The individual must sign in your presence. Complete the certification and affix your stamp or seal.)

I CERTIFY that _____, whose identity is known or proven to me, personally appeared before me this _____ day of _____, _____, at _____, _____, and signed this form.
(Month) (Year) (City) (State)

(Signature and title of certifying officer)

(OFFICIAL STAMP OR SEAL)

(Street address)

(City) (State) (ZIP Code)

INSTRUCTIONS

A person who has **NO** interest in the securities must complete and sign this form, confirming the individual's identity. Unless otherwise instructed in accompanying correspondence, mail to the Treasury Retail Securities Site that requested this form or to the Department of the Treasury, Bureau of the Public Debt, using the addresses listed below:

- Definitive (paper) savings bonds – PO Box 7012, Parkersburg, WV 26106-7012
- All marketable securities and electronic savings bonds – PO Box 426, Parkersburg, WV 26106-0426

CERTIFICATION

Person who signs form - You must sign the form in the presence of an officer authorized to certify assignments or requests for payment of United States savings and retirement securities. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. For complete lists of such officers, see Department Circulars, Nos. 300 and 530, and Public Debt Series, Nos. 3-80 and 2-98.

Certifying officer - The person appearing before you must establish identification by positive and reliable evidence before this form is signed, unless he/she is personally known to you. You must complete and sign the certification form and affix your organization's seal or stamp. If you are an employee (rather than an officer) authorized to certify, insert the words "Authorized Signature" in the space provided for the title.

NOTICE UNDER PAPERWORK REDUCTION ACT

We estimate that it will take you about 10 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328.