For official use only:	
Customer Name	Customer No.

PD F 2778 E Department of the Treasury Bureau of the Public Debt (Revised August 2005)

CERTIFICATION ATTACHMENT

Attached to and made a part of Form:

Certifying Officer – The individuals must sign in your presence. Complete the certification and affix your stamp or seal.				
I CERTIFY that	whose identity is known or was proven			
to me, personally appeared before me this	day of	(Month)	(Year)	
at , (City) (State)	and signed this form.	(Month)	(теаг)	
(OFFICIAL STAMP OR SEAL)	,	(Signature and title of certifying officer)		
·	-	(Number and Street or Rural Route)		
	(City)	(State)	(ZIP Code)	
I CERTIFY that	, whose identity is known or was proven			
to me, personally appeared before me this	day of	(Month)	(Year)	
at , (City) (State)	and signed this form.	(Month)	(Tear)	
(OFFICIAL STAMP OR SEAL)		(Signature and title of certifying officer)		
		(Number and Street or Rural Route)		
	(City)	(State)	(ZIP Code)	
I CERTIFY that	, whose identity is known or was proven			
to me, personally appeared before me this	day of	(Month)	(Year)	
	and signed this form.	(monut)	(1.23.1)	
(City) (State)		(Signature and title of certifying officer)		
OR SEAL)		(Number and Street or Rural Route)		
	(City)	(State)	(ZIP Code)	
I CERTIFY that		, whose identity is know	vn or was proven	
to me, personally appeared before me this	day of	,	,	
at , (City) (State)	and signed this form.	(Month)	(Year)	
(OFFICIAL STAMP OR SEAL)		(Signature and title of certifying officer)		
•		(Number and Street or Rural Route)		
	(City)	(State)	(ZIP Code)	