

For official use only:	Customer No.
Customer Name	

PD F 0385 E
 Department of the Treasury
 Bureau of the Public Debt
 (Revised August 2009)

CERTIFICATE OF IDENTITY

OMB No. 1535-0048

www.treasurydirect.gov

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

Affidavit

- I certify that the names _____ and _____ refer to the same person, whose correct name is _____.
- The names are different because:
- The source of my knowledge 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:

Signature – A person who is not named on the securities and who has no interest in the securities must sign this form in the presence of a certifying officer.

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)

(OFFICIAL STAMP OR SEAL)

 (Signature and Title of Certifying Officer)

 (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
- 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 PRIVACY ACT AND PAPERWORK REDUCTION ACT

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a social security number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

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.