For official use only: Customer Name	Customer No.

FS Form 2778
Department of the Treasury
Bureau of the Fiscal Service
(Revised August 2015)

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.

(OFFICIAL STAMP OR SEAL)

_____
(Signature and title of certifying officer)

_____
(Number and Street or Rural Route)

_____
(City) (State) (ZIP Code)

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