For official use only:	
Customer Name	Customer No.

De _l Bui		of the Treasur Public Debt		_	F FORGERY FOR S SAVINGS BONDS	OMB No. 1535-0067		
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 that is punishable by fine and/or imprisonment. PRINT IN INK OR TYPE ALL INFORMATION								
1.	l,				(Social Security No.)	, certify that I am the		
	lowne		nerbeneficiary or redeemed at		ates Savings Bonds totaling \$	(face amount),		
	SHOWITE	nave been	Tedeemed at		n below is true and complete to the best o	f my knowledge and belief.		
	ISSUE	DATE	FACE AMOUNT	SERIAL NUMBER	REGISTRATIO (Provide complete Social Security Numb and names, including middle names	er [for example, 123-45-6789]		
Г	Check	this box if a	additional bonds are o	lescribed on a continuation	on sheet attached and made a part of this	form.		
2.	_				bonds and do you certify that the sign			
	paymer	nt were forge	ed and were made wi	thout your authority? YE	S NO			
	If NO	D, explain:						
3	Have v	ou authorize	ad any person to requ	est navment of the hond	s, present them for payment, or receive ar	ov of their value?		
Ο.	_				s, present them for payment, or receive ar	=		
4.	Have y	ou received	reimbursement beca	use of the loss? YES] NO [
	If YE	S, explain:						
5.	-	-		-	ed the requests for payment, cashed the l	oonds, or received any		
	of their	value? YES	∐ NO ∐	If YES, explain:				
_		140						
6.	(a)		•	the time of loss or theft?	-			
	(b)	What was	the location?	(S	Street and Number or Rural Route, City, and State))		
	(c)	Who place	ed the bonds there?		When?			
	(d)	•	had access to the bo	- d- O				
7.			e the bonds lost or st	olon?				
۲.	(b)		e the circumstances of	·				
	(D)	vviiat were	e the circumstances t					
8.	Were a	nv identifica	tion documents lost of	or stolen at the same time	e? YES NO			
٠.		ES, describe						
9.	(a)			g of a police report, was t	aken to recover the bonds?			
	(h)	\//bot :::o==	the regulte of that a	etion?				
	(b)	vviiat wele	e the results of that a	JUUI1!				

You must wait until you are in the presence of a certifying officer to sign this form.									
Sign Here⇒									
(Signature)			(Print N	(Print Name)					
Home Address (Number and Street or I			touto)	/E mail /	(E-mail Address)				
	(Numb	ei aliu Stieet of Kulai K	loute)	(E-mail Address)					
=	(City)	(State)	(ZIP Code)	(Daytime Tele	phone Number)				
Certifying Officer - The individual must sign in your presence. You must complete the certification and affix your stamp or seal.									
I CERTIFY that				, whose identity is k	nown or was proven				
to me, personally appe	eared before me this	day	of	, <u> </u>	,				
			(M	lonth)	(Year)				
at		, and	I signed this form.						
(City)		(State)							
			(Signatur	(Signature and Title of Certifying Officer)					
(OF	FICIAL STAMP								
OR SEAL)			(Number and Street or Rural Route)						
			(City)	(State)	(ZIP Code)				

INSTRUCTIONS

USE OF FORM – This form may be used by the owner, coowner, or beneficiary to certify that the signatures to the requests for payment of United States Savings Bonds were forged. **Every question must be answered in detail and all possible information furnished.**

ATTACHMENTS - If more space is needed for any item, use a plain sheet of paper and attach it to the form.

COMPLETION OF FORM

- ITEM 1. Insert your name and social security number. Check the appropriate block to show whether you are the owner, coowner, or beneficiary of the bonds bearing your alleged signature. Insert the total face amount of forged bonds, the location where they were cashed, and a complete description of them.
- **ITEM 2.** Mark the appropriate box to show if the signatures are forgeries and were made without your authorization. If the signatures were made by you or by someone else with your consent, check the "NO" box and explain fully.
- **ITEM 3.** Mark the appropriate box to show if you authorized anyone to take any action concerning the bonds. If "YES", insert that person's name and address and show the extent of authority.
- ITEM 4. Mark the appropriate box to show if you have received reimbursement because of the loss. If "YES", state what reimbursement you or anyone on your behalf received from any source. If anything of value has been received, give full details, including the name and address of the person from whom or the organization from which it was received. If you have been promised reimbursement, give the name and address of the person or organization who made the promise and explain clearly why this was done.
- **ITEM 5.** Mark the appropriate box to show whether you have reason to believe any person had any connection with the loss, theft, or forgery of the bonds. If "YES", furnish the name and address of that person and give complete details, including the person's relationship to you.
- ITEM 6. (a) and (b) Describe fully the place where the bonds were kept and show whether they were under lock and key. (If the bonds were mailed to you and never received, state "Not Received" and skip to Item 8.) (c) State who placed the bonds there and the date. (d) Furnish the names and addresses of all persons who had access to the bonds.
- ITEM 7. State the date the loss or theft occurred, how it occurred, and who discovered the loss or theft.
- ITEM 8. Mark the appropriate box to show if any identification documents were also lost or stolen. If "YES", describe the documents, if any, and show whether or not they bore your signature and/or contained your physical description or photograph.
- ITEM 9. Explain what was done to recover the bonds, not only by you personally, but by any police, insurance, or similar agencies.

SIGNATURE – You must sign the form in ink, print your name, and provide your home address, daytime telephone number, and e-mail address, if applicable. Your signature must be certified (see **CERTIFICATION**) below.

CERTIFICATION – You must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the form in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at most banking institutions, including credit unions. For a complete list of such officers, see Department of the Treasury Circulars, No. 530, and Public Debt Series, Nos. 3-80 and 2-98.

SUPPLEMENTAL EVIDENCE – If any person other than the person executing this affidavit had custody of the bonds at the time of loss or theft, or has firsthand knowledge of the circumstances under which the bonds were lost, stolen, or forged, that person must furnish an affidavit concerning his knowledge of the loss, theft, and/or forgery.

WHERE TO SEND - Send the completed form to the Department of the Treasury, Bureau of the Public Debt, PO Box 7014, Parkersburg, WV 26106-7014.

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

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 it will take you about 15 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. DO NOT SEND completed form to the above address; send to the correct address shown in "WHERE TO SEND" above.

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