

Attorney or Party Name, Address, Phone, Fax, Email:	For court use only
UNITED STATES BANKRUPTCY COURT DISTRICT OF HAWAII	Case No.:
In re: Debtor(s).	Chapter:

**CERTIFICATE OF SERVICE:
NOTICE OF CORRECTED SOCIAL SECURITY NUMBER**

[Instructions to Debtor(s): The full (9-digit) Social Security Number is provided ONLY to creditors and certain other parties. If you originally submitted an incorrect number, you must mail (but not file with the court) a notice of the correct SSN to all creditors, the Trustee, the Office of the United States Trustee, and other entities noted on the certificate of service attached to the Notice of Bankruptcy Case, Meeting of Creditors, & Deadlines in your case. Use this form to certify that you sent the notice and to indicate to whom it was sent. Then file this certificate of service with the court: United States Bankruptcy Court, District of Hawaii, 1132 Bishop Street, Suite 250L, Honolulu, HI 96813.]

The undersigned hereby certifies that a Notice of Corrected Social Security Number was mailed on _____ to the following and to the creditors and parties on the attached list.
(Date sent)

Office of the United States Trustee
1132 Bishop Street, Suite 606
Honolulu, HI 96813

Trustee:
Address:

Date: _____

Print Name: _____

[Attach a list with the names and addresses of all creditors and other parties who were sent the notice.]