

ALLEGHENY COUNTY COURT OF COMMON PLEAS, FAMILY DIVISION

Plaintiff

No. FD: _____

v.

Defendant

Verification of No Social Security Number

I, _____, declare that I do not have, and have
(print name)
never been issued, a Social Security number. I verify that this statement is true
and correct to the best of my knowledge. I understand that any false statements
made herein are subject to the penalties of 18 Pa. C.S. § 4904 relating to
unsworn falsification to authorities.

Date

Signature