

For official use only: Customer Name _____	Customer No. _____
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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 _____, _____, _____, and signed this form.
(City) (State)

**(OFFICIAL STAMP
OR SEAL)**

(Signature and title of certifying officer)

(Number and Street or Rural Route)

(City) (State) (ZIP Code)

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