

SWS-32

Date of Birth Sworn Written Statement

Complete this Sworn Written Statement to provide the Claims Administrator with proof of your date of birth.

A. CLAIMANT INFORMATION

Name:	Last	First	Middle Initial
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Deepwater Horizon Settlement Program Claimant Number:	_____
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Social Security Number: <i>or</i> Individual Taxpayer Identification Number:	_____ - ____ - _____
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Current Address:	Street		
	City	State	Zip Code

Date of Birth:	____/____/____ (Month/Day/Year)
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B. SIGNATURE

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement is true and accurate to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

Date Signed:	____/____/____ (Month/Day/Year)	_____
		Claimant Signature

		Name (Printed or Typed)