



September 11th
Victim Compensation Fund

OMB 1105-0092

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Decedent's SSN or National ID Number

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Personal Representative's SSN or National ID Number

ATTESTATIONS AND CERTIFICATIONS FOR ELIGIBILITY FORM

G. CERTIFICATION OF ACCURACY OF INFORMATION

I hereby certify that the information provided in this application and any documents provided in support of this claim are true and accurate to the best of my knowledge, and I agree that any payment made by the VCF is expressly conditioned upon the truthfulness and accuracy of the information and documentation provided in support of the claim. Further, I understand that false statements or claims made in connection with this application may result in fines, imprisonment and/or any other remedy available by law to the Federal Government, and that claims that appear to be potentially fraudulent or to contain false information will be forwarded to federal, state, and local law enforcement authorities for possible investigation and prosecution.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this

 day of

, 201.

Signature of Personal Representative

Print Name