

# Department of Public Welfare

## Information Sheet for Lost/Stolen/Forged Check - Treasury Department

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

### **Signature Verification**

Please sign three times:

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

### **Comments**

Please provide any relevant information regarding your forgery claim. (i.e., names of individuals involved, contact information if available)

Signature \_\_\_\_\_

The information provided is for Commonwealth use only in connection with this lost/stolen check, and will be destroyed upon the replacement and reconciliation of your check.