

***In re Facebook Biometric Information Privacy Litigation***  
**Settlement Administrator**  
P.O. Box 43401  
Providence, RI 02940-3401



**FBY**

*In re Facebook Biometric Information Privacy Litig.*

U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Case No. 3:15-cv-03747-JD (N.D. Cal.)

**Must Be Postmarked  
By November 23, 2020**

**Claim Form**

**Instructions.** You may be eligible for a payment as part of the settlement of this case. You may submit only one Claim and duplicate claims will be rejected. To submit a claim for payment, provide all the information requested, and select how you would like to receive your payment. You must mail your Claim Form so it is postmarked by **November 23, 2020**.

**1. Basic Information**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Address		
<input type="text"/>		
Address (continued)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code
<input type="text"/>		
Email address associated with your Facebook account		
or		
<input type="text"/>	-	<input type="text"/>
<input type="text"/>	-	<input type="text"/>
Phone number associated with your Facebook account		

**2. Payment Method.** Payment will be issued by check and will be mailed to the address above.



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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3. **Claim Information.** Provide the approximate dates and addresses where you lived in Illinois between June 7, 2011 and August 19, 2020.

/  /  to  /  /   
Date (mm/dd/yy) Date (mm/dd/yy)

Address

City State ZIP Code

/  /  to  /  /   
Date (mm/dd/yy) Date (mm/dd/yy)

Address

City State ZIP Code

/  /  to  /  /   
Date (mm/dd/yy) Date (mm/dd/yy)

Address

City State ZIP Code

4. **Affirmation.** By signing and submitting this Claim Form you affirm under penalty of perjury that, to the best of your knowledge: (1) between June 7, 2011 and August 19, 2020, you lived in the State of Illinois for a period of at least 183 days (6 months) and had a Facebook account during that time; (2) during the time I lived in Illinois, I uploaded at least one Facebook profile picture that included my face or was tagged in at least one photo with my face; and (3) all of the information I provided in this Claim Form is true and accurate.

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

Mail your completed Claim Form to:

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