

CHILD RELATIONSHIP STATEMENT

Form Approved OMB No. 0960-0116

Privacy Act Notice/Paperwork Act Notice: The information requested on this form is authorized by the Social Security Act, Section 216(h) (42 U.S.C. 416(h)). Your response to the following questions will be used to help establish the child's relationship to the worker on whose record a claim has been filed.

See Revised PRA, Attached

Paperwork Reduction Act Statement: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number.

PRINT WAGE EARNER'S NAME WAGE EARNER'S SOCIAL SECURITY NUMBER

List below all children of the wage earner (hereafter referred to as the worker) for whom you are requesting benefits.

Table with 2 columns: NAME OF CHILD OR CHILDREN, and an empty column for details.

A child of the worker may be entitled to benefits if: (1) the worker was decreed by a court to be the child's parent; or (2) the worker was ordered by a court to contribute to the child's support because the child is his or her son or daughter; or (3) the worker acknowledged in writing that the child is his or her son or daughter; or (4) the child is living with or receiving contributions from his or her parent at certain times.

- 1. Was the worker ever decreed by a court to be the child's parent? YES NO
if "YES," please submit a copy of that decree or give us the name of the court and the date of the decree. (If "YES," omit items 2,3, and 4.)
2. Was the worker ever ordered by a court to contribute to the child's support because the child was his or her son or daughter? YES NO
if "YES," please submit a copy of that decree or give us the name of the court and the date of the decree. (If "YES," omit items 3 and 4.)

If you answer "YES" to any of the questions under Item 3, submit the document if available or complete Item 4 on the reverse side of this form. If you are unsure of an answer explain in Item 4.

IN ALL CASES COMPLETE NAME AND ADDRESS BLOCK ON THE OTHER SIDE OF THIS FORM.

- 3. (a) Did the worker ever file an application with or make a statement to the Veterans Administration or welfare office or to any government agency in which he/she stated the child was his/hers YES NO
(b) Has the worker written any letters to anyone that you know of in which he/she may have referred to the child as a son or daughter or referred to himself/herself as the child's parent YES NO
(c) Did the worker ever list the child in a family tree or other family record? YES NO
(d) Did the worker ever list the child as a dependent on a tax return? YES NO
(e) Did the worker ever take out any insurance policies on the child or make the child a beneficiary of his/her own insurance policy? YES NO
(f) Did the worker ever make a will listing the child beneficiary YES NO
(g) Did the worker ever make an allotment for the child while he/she was in military service? YES NO
(h) Did the worker ever list the child on any applications for employment? YES NO
(i) Did the worker ever register the child in school or place of worship or sign a report card as the child's parent? YES NO
(j) Did the worker ever take the child to a doctor's or dentist's office or to a hospital and list himself/herself as parent? YES NO
(k) Did the worker accept responsibility for or pay the child's hospital expenses at birth or did he/she give the information for the child's birth certificate? YES NO
(l) Do you know of any other written evidence of any kind which would show that the child is the son or daughter of the worker? (The information need not have been supplied by the worker.) YES NO
(m) Is there anyone to whom the worker admitted orally that he/she was the parent of the child? YES NO
(n) Is the worker making regular and substantial contributions to the child's support or was the worker making such contributions at that time the worker died? YES NO



*The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:*

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*