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 tollowing questions will be used to help establish the child's relationship to the worker on whose record a claim has been filed. Your response to these questions is voluntary; however, the Social Security Administration (SSA) cannot review the decision on this claim unless the information is furnished. While the information you furnish on this form would almost never be used for any purpose other than making a determination about your disability, such information may be disclosed by SSA as generally permitted under the Privacy Act of 1974, as amended, 5 U.S.C. § 552a. This includes using the information as necessary for administrative purposes or as authorized by routine uses in the applicable Privacy Act system of records. For example, the information may be used to assist Social Security in establishing the right of an individual to Social Security benefits. In addition, SSA may disclose information to other agencies, such as the Government Accountability Office or to the Department of the Census, to comply with Federal laws requiring or permitting the release of information from our records. SSA may also use the information you give us when we match records by computer. Matched programs compare SSA records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows SSA to do this even if you do not agree to it. Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security office.

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 SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Special Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 6401 Security Blvd. Baitimore. MD 21235-6401. Only comments relating to our time estimate should be provided, not the completed form.

WAGE EARNER'S NAME

WAGE EARNER'S SOCIAL SECURITY NUMBER

Lis	t belo	elow all children of the wage earner (hereafter referred to as the worker) for whom you a	re requesting benefits.				
*veterment	THE PERSON NAMED IN	OF CHILD OR CHILDREN					
***********					***************************************		
A	child	d of the worker may be entitled to benefits if: (1) the worker was decreed by a court to it	oe the child's parent; or	(2) the work	cer was		
		ed by a court to contribute to the child's support because the child is his or her son or date					
		he child is his or her son or daughter; or (4) the child is living with or receiving contribution					
		ions below are designed to help Social Security determine if the child can meet these req	uirements. Please use it	em 4 on the	reverse of		
Westernessess	elektron on one one	orm for any comments you wish to make.			Accompany		
1.		as the worker ever decreed by a court to be the child's parent?		YES	NO		
		"YES," please submit a copy of that decree or give us the name of the court ar	nd the date of				
**********	the	ne decree. (If "YES," omit items 2,3, and 4.)					
2.	Was	as the worker ever ordered by a court to contribute to the child's support beca	use	YES	NO		
-		e child was his or her son or daughter?					
	if "	"YES," please submit a copy of that decree or give us the name of the court and the date of					
	the	e decree. (If "YES," omit items 3 and 4.)					
	If y	f you answer "YES" to any of the questions under Item 3, submit the document if available or com-					
plete 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 OT	HER SIDE OF THIS	FORM.			
2	lal	Did the worker ever file an application with ar make a statement to the Vete	e* *** p*** p**				
۵.	(11)	Did the worker ever file an application with or make a statement to the Vete Administration or welfare office or to any government agency in which he/sh					
		stated the child was his/hers		YES	□ NO		
	(b)	Has the worker written any letters to anyone that you know of in which he/s		163			
	1 /	referred to the child as a son or daughter or referred to himself/herself as the	The same of the sa	YES	NO		
	(c)	Did the worker ever list the child in a family tree or other family record?		YES	NO		
	(d)			YES	NO		
	(e)						
		beneficiary of his/her own insurance policy?		YES	□ NO		
	(f)			YES	NO		
	(g)	The state of the s		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	g-consequence of			
		card as the child's parent?		YES	NO		
	(j)		•				
	13.5	list himself/herself as parent?		YES	NO		
	(K)	and the state of t					
	411	did he/she give the information for the child's birth certificate?		YES	☐ NO		
	(1)	y and the state of					
		is the son or daughter of the worker? (The information need not have been s	And a section of the	[]e	[]		
	(m)	the worker.)		YES	NO NO		
	(113)	n) Is there anyone to whom the worker admitted orally that he/she was the par- child?		I VEC	[] NO		
	(n)	child?		YES	NO		
		was the worker making such contributions at that time the worker died?		YES	□ NO		
		A second					

4. If you answered "YES," to any of the questions in Item 3 identify the question (e.g., "3(a below. For example: You should provide the names and addresses of government agencie where appropriate. The approximate date of the event and the surrounding circumstances information should be in sufficient detail to enable us to locate the document or evidence for supplying this evidence is yours. Where more than one child is filing for benefits identicated evidence pertains.	s, doctors, hospitals, schools, etc. should be indicated. The remembering the final responsibility
•	
NAME OF PERSON COMPLETING FORM	DATE
ADDRESS (NUMBER AND STREET OR P.O. BOX, OR RURAL ROUTE)	TELEPHONE NO. & AREA CODE
CITY AND STATE	ZIP CODE
5. FOR DISTRICT OFFICE USE ONLY Use this space to explain all development taken as a result of "YES," answers. In addition relationship development made on this claim. (This suffices for the required RC.) Question uncover sources of "other evidence" of parentage where the child was living with or receivement at the appropriate times, or to uncover other sources of an acknowledgment in writing the sources.	ns 3(I) and 3(m) are designed to iving contributions from the wage

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

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