

**STATEMENT REGARDING DATE OF BIRTH AND CITIZENSHIP**

(Do not write in this space)

This report is authorized by section 205(a) of the Social Security Act, as amended (42 U.S.C. 405(a)). While your response is voluntary, your cooperation is needed to help us make a determination about the date of birth and/or citizenship of the person named below.

All items on this form requiring an answer must be answered or marked "Unknown."

Change to self-employed.

\_\_\_\_\_  
(Name of wage earner, self-employer person, or SSI applicant)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Social Security Number)

I, \_\_\_\_\_, understand that the information I give will be used with an application for benefits payable under the Social Security Act.  
(Name of person making this statement)

- |  |   |
|--|---|
| 1. Give full name of person about whom this statement is made:   | 2. How many years have you known this person?                           |
| 3. When was he or she born? (Month, day, year)   | 4. Where was he or she born? (City or county--State or foreign country) |
| 5. How did you learn about this person's date of birth? (Tell fully how you know when this person was born.) |   |

6. How are you related to this person? (If not related, write "None.")

7. When and Where Were YOU Born? →	MONTH-DAY-YEAR	CITY OR COUNTY	STATE OR FOREIGN COUNTRY
------------------------------------	----------------	----------------	--------------------------

I know that anyone who makes a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal and/or State law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

**SIGNATURE OF PERSON MAKING STATEMENT**

SIGN HERE →	Signature (First name, middle initial, last name) (Write in ink)	Date (Month, day, year)
		Telephone Number (Include area code)

Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)

City and State	ZIP Code
----------------	----------

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State and ZIP Code)	Address (Number and Street, City, State and ZIP Code)

## Privacy Act Statement

The information requested on this form is authorized by the Social Security Act, Section 205(a) and by Title 20 CFR 404.716. The information provided will be used to help establish age and/or citizenship. While providing the information requested on this form is voluntary, failure to provide information that could help establish age and/or citizenship may prevent an accurate and timely decision on any claim filed or it could result in the loss of some benefits in insurance coverage. Any information provided will become part of the claims file. While the information furnished on this form would almost never be used for any purpose other than making a determination about entitlement to benefits, such information may be disclosed by SSA for the following purposes: (1) to assist SSA in determining the right to Social Security benefits; (2) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of programs administered by SSA; and (3) to comply with the laws and regulations requiring the exchange of information between SSA and another agency.

## Paperwork Reduction Act (PRA) 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 10 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.*