

**STATEMENT OF MARITAL RELATIONSHIP (By one of the parties)**

(Do not write in this space)

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

I understand that the information given by me will be used in connection with an application filed for insurance benefits payable under Title II of the Social Security Act, as amended, based on the earnings of the wage earner or self-employed person named below.

See revised  
Privacy Act  
Statement below.

The following information is given pursuant to the Privacy Act of 1974. The Social Security Administration is authorized to collect information about your marital status under section 216(h) of the Social Security Act, as amended (42 U.S.C. 416(h)). While completion of this form is voluntary, failure to provide all or part of the requested information could prevent an accurate and timely decision on your claim and could result in the loss of some benefits. The information on this form may be disclosed by the Social Security Administration to another person or agency for the following purposes: (1) to assist the Social Security Administration in establishing the right of beneficiary to Social Security benefits, (2) facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs, and (3) to comply with laws requiring authorizing the exchange of information between the Social Security Administration and another agency.

1. PRINT NAME OF WAGE EARNER OR SELF EMPLOYED PERSON		SOCIAL SECURITY NUMBER	
2. PRINT YOUR FULL NAME (First, middle initial, last)		3. NAME OF PERSON WITH WHOM YOU WERE LIVING:	
4. WHEN DID YOU BEGIN LIVING TOGETHER IN A HUSBAND AND WIFE RELATIONSHIP?		WHERE DID YOU LIVE?	
MONTH	YEAR	CITY OR TOWN	STATE
5. A. DID YOU LIVE TOGETHER CONTINUOUSLY SINCE THAT TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO If "No," give the periods of separation and the reasons why you did not live together.			
B. Where have you lived together as husband and wife and for what periods of time?			
CITY OR TOWN	STATE	DATES FROM TO	
6. DID YOU HAVE AN UNDERSTANDING AS TO YOUR RELATIONSHIP WHEN YOU BEGAN LIVING TOGETHER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
A. If it was in writing, furnish a copy; if it was not in writing, what did you say to each other about your living together?			
B. WAS THIS UNDERSTANDING LATER CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "yes," what were the changes and when and why were they made?			
7. DID YOU HAVE AN UNDERSTANDING AS TO HOW LONG YOU WOULD LIVE TOGETHER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "yes," what did you say to each other about how long you would live together?			

8. A. DID YOU HAVE ANY UNDERSTANDING AS TO HOW YOUR RELATIONSHIP COULD BE ENDED?  YES  NO  
 B. IF "YES," WHAT DID YOU SAY TO EACH OTHER ON THIS SUBJECT?

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9. A. DID YOU BELIEVE THAT YOUR LIVING TOGETHER MADE YOU LEGALLY MARRIED?  YES  NO  
 B. IF "YES," WHY DID YOU BELIEVE SO?

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10. A. WAS THERE AN AGREEMENT OR PROMISE THAT A CEREMONIAL MARRIAGE WOULD ALSO BE PERFORMED IN THE FUTURE?  YES  NO  
 B. IF "YES," EXPLAIN WHY THE CEREMONY WAS NOT PERFORMED.

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11. A. WERE ANY CHILDREN BORN OF THIS RELATIONSHIP?  YES  NO  
 B. IF "YES," LIST BELOW:

FULL NAME AT BIRTH	DATE OF BIRTH (OR AGE)	PLACE OF BIRTH

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12. BY WHAT NAMES WERE YOU AND THE PERSON WITH WHOM YOU WERE LIVING KNOWN?

A. BEFORE YOU LIVED TOGETHER (MAN'S NAME)	B. BEFORE YOU LIVED TOGETHER (WOMAN'S NAME)
C. SINCE YOU LIVED TOGETHER (MAN'S NAME)	D. SINCE YOU LIVED TOGETHER (WOMAN'S NAME)

E. IF YOU BOTH DID NOT USE THE SAME LAST NAME AFTER YOU BEGAN LIVING TOGETHER, STATE THE REASONS.

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13. A. AFTER YOU STARTED LIVING TOGETHER, WERE THERE ANY TAX RETURNS FILED, DEEDS OR CONTRACTS EXECUTED, INSURANCE POLICIES TAKEN OUT, BANK ACCOUNTS OPENED UP, ETC?  YES  NO  
 B. IF "YES," GIVE THE FOLLOWING INFORMATION:

TYPE OF DOCUMENT	DATE MADE OUT	WERE YOU SHOWN AS THE OTHER'S HUSBAND/WIFE
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

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14. A. DID YOU HAVE JOINT BUSINESS DEALINGS WITH OTHER PERSONS OR JOINT CHARGE ACCOUNTS IN STORES?  YES  NO  
 B. IF "YES," GIVE THE NAMES AND ADDRESSES OF SUCH PERSONS OR STORES:

NAME OF PERSON OR STORE	ADDRESS	DATE OF TRANSACTION

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15. A. HOW DID YOU INTRODUCE THE PERSON WITH WHOM YOU WERE LIVING TO RELATIVES, FRIENDS, NEIGHBORS, BUSINESS ACQUAINTANCES AND OTHERS?  
  
 B. HOW DID THAT PERSON INTRODUCE YOU TO RELATIVES, FRIENDS, NEIGHBORS, BUSINESS ACQUAINTANCES AND OTHERS?

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16. HOW WAS MAIL ADDRESSED TO YOU?

17. LIST BELOW THE NAMES OF YOUR AND THE OTHER PERSON'S EMPLOYERS AND NEIGHBORS WHO KNEW OF YOUR RELATIONSHIP:


18. LIST BELOW YOUR CLOSEST RELATIVES (other than children) WHO KNEW OF YOUR RELATIONSHIP:

NAME	ADDRESS	RELATIONSHIP

19. LIST BELOW THE CLOSEST RELATIVES OF THE PERSON WITH WHOM YOU WERE LIVING (other than children) WHO KNEW OF YOUR RELATIONSHIP:


20. One or more of the employers and/or relatives shown above may be contacted regarding knowledge they may have of your marriage. If you object to our contacting any of the above, please list the name(s) and give the reason(s) for your objection(s).

21. A. DID YOU EVER LIVE WITH ANY OTHER PERSON AS HUSBAND AND WIFE?  YES  NO

B. IF "YES," GIVE THE FOLLOWING INFORMATION:

Dates	Kind of Relationship (Ceremonial, etc.)	Name of Person	How Relationship Ended	Date and Place Relationship Ended

22. A. DID THE PERSON NAMED IN ITEM 3 EVER LIVE WITH ANYONE ELSE AS HUSBAND AND WIFE?  YES  NO

B. IF "YES," GIVE THE FOLLOWING INFORMATION:

Dates	Kind of Relationship (Ceremonial, etc.)	Name of Person	How Relationship Ended	Date and Place Relationship Ended

ANSWER ITEM 23 IF EITHER OF YOU HAD AN EARLIER CEREMONIAL OR COMMON-LAW MARRIAGE THAT WAS STILL IN EFFECT AT THE TIME YOU BEGAN LIVING TOGETHER. *Bold*

23. A. DID YOU AT THE TIME YOU BEGAN LIVING TOGETHER KNOW THAT THE EARLIER MARRIAGE WAS STILL IN EFFECT?  YES  NO

IF "NO," ANSWER (B) AND (C):

B. WHEN AND HOW DID YOU FIND OUT THAT THIS MARRIAGE WAS STILL IN EFFECT?

C. WHEN AND HOW DID THE PERSON WITH WHOM YOU WERE LIVING FIRST LEARN THAT THIS MARRIAGE WAS STILL IN EFFECT?

ANSWER ITEM 24 ONLY IF EITHER OF YOU HAD AN EARLIER CEREMONIAL OR COMMON-LAW MARRIAGE THAT ENDED AFTER YOU BEGAN LIVING TOGETHER. *Bold*

24. A. WHEN AND HOW DID YOU FIRST LEARN THAT THIS MARRIAGE HAD ENDED?

B. WHEN AND HOW DID THE PERSON WITH WHOM YOU WERE LIVING FIRST LEARN THAT THIS MARRIAGE HAD ENDED?

C. AFTER BOTH OF YOU LEARNED THAT THE EARLIER MARRIAGE HAD ENDED, DID YOU SAY ANYTHING TO EACH OTHER ABOUT YOUR RELATIONSHIP?  YES  NO  
IF "YES," WHAT DID YOU SAY TO EACH OTHER?

25. REMARKS:

See revised PRA statement below.

~~Paperwork Reduction Act Statement - This information collection meets the requirement 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. You may send comments on our time estimate above to: SSA, 6701 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.~~

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

SIGNATURE OF APPLICANT (First name, middle initial, last name)

DATE (Month, day, year)

SIGN HERE 

TELEPHONE NUMBER(S) at which you may be called during the day.

MAILING ADDRESS (Number and Street, Apt. No., P.O. Box or Rural Route)

AREA CODE

City

County (if any in which you now live)

State

Zip Code

Witnesses are required only if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant 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**

Section 216(h), of the Social Security Act, as amended, authorizes us to collect this information. The information is needed to make a determination on your claim. The information you furnish on this form is voluntary. However, failure to provide all or part of the information could prevent an accurate and timely decision on your benefit eligibility.

We rarely use the information you supply for any purpose other than for making a determination on your claim. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to: (1) to enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veteran Affairs); (3) to make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and (4) to facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded and administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in System of Records Notice 60-0066, 60-0089, and 60-0090. The notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at [www.ssa.gov](http://www.ssa.gov) or at your local Social Security office.

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

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