

STATEMENT REGARDING MARRIAGE

All questions must be answered or marked "Unknown." If you need more space for answers, continue them under "Remarks" on reverse side.

PRIVACY ACT NOTICE: The Social Security Administration (SSA) is authorized to collect the information on this form under section 216(h)(1)(A) of the Social Security Act. Giving us this information is voluntary. You do not have to do it, but your cooperation is needed to help establish the applicant's eligibility to Social Security benefits. SSA will use the information on this form to determine if a marital relationship exists so that an accurate determination may be made regarding entitlement to spouse's benefits. While the information you furnish on this form would almost never be used for any purpose other than the intended use of this form, such information may be disclosed by SSA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using the information as necessary for administrative purposes or as authorized by routine uses in the applicable Privacy Act system of records.

We may also use the information you give us when we match records by computer. Matching programs compare our 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 us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or provided to other agencies are available upon request from any Social Security Office.

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. We estimate that it will take about 9 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, 6401 Security Blvd, Baltimore, MD 21235-6401. Only comments relating to our time estimate should be provided, not the completed form.**~~

Print Name of Wage Earner or Self-Employed Person
(Herein referred to as the "Worker".)

Enter His (Her) Social Security Number

Print Name of Applicant

I understand that this statement will be considered in connection with an application by the applicant named above for payment of benefits under the provisions of Title II of the Social Security Act, as amended, based on the earnings of the Worker named above.

Print Your Full Name (First name, middle initial, last name)

1.	What is your relationship to the Worker? (Mother, child, cousin, etc. — if not related, state "None.")	
	To the <u>Applicant</u> ? (Mother, child, cousin, etc. — if not related, state "None.")	
2.	How long have you known the Worker?	The <u>Applicant</u> ?
3.	How often and on what occasions did you meet the Worker?	
	The <u>Applicant</u> ? _____	

4. To your knowledge, were (are) the Worker and Applicant generally known as husband and wife? Yes No

5. Did (do) you consider them husband and wife? Yes No

Give facts and explain fully the reasons for your belief: _____

6. Did you hear them refer to each as husband and wife? Yes No

If "Yes," when and where? _____

7. In your opinion, did (do) they maintain a home and live together as husband and wife? Yes No

If "Yes," where and when?

CITY OR TOWN	STATE	DATES	
		FROM—	TO—

8. To your knowledge, did they live together continuously? Yes No

If "No," explain. _____

9. To your knowledge, has either the Worker or the Applicant entered into any other marriage? Yes No

If "Yes," give the following information regarding all such marriages.

STATE WHETHER WORKER OR APPLICANT	TO WHOM MARRIED	DATE AND PLACE OF MARRIAGE	HOW MARRIAGE TERMINATED	DATE AND PLACE MARRIAGE TERMINATED

(This space may be used for explaining any answers to the questions. If you need more space, attach a separate sheet.)

Remarks: _____

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.

SIGNATURE OF PERSON MAKING STATEMENT

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

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

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