

### 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 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. The Social Security Administration 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. We may routinely give out the information on this form without your consent for a variety of reasons.

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 these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact 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 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, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time~~

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 Applicant? (Mother, child, cousin, etc. — if not related, state "None.")	
2.	How long have you known the Worker?	The Applicant?
3.	How often and on what occasions did you meet the Worker?	
	The Applicant? _____	
4.	To your knowledge, were (are) the Worker and Applicant generally known as husband and wife?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Did (do) you consider them husband and wife?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give facts and explain fully the reasons for your belief: _____	

6.	Did you hear them refer to each as husband and wife? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>																				
	<i>If "Yes," when and where?</i>																				
7.	In your opinion, did (do) they maintain a home and live together as husband and wife? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>																				
	<i>If "Yes," where and when?</i>																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="width:40%;">CITY OR TOWN</th> <th rowspan="2" style="width:20%;">STATE</th> <th colspan="2" style="text-align:center;">DATES</th> </tr> <tr> <th style="width:20%;">FROM—</th> <th style="width:20%;">TO—</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	CITY OR TOWN	STATE	DATES		FROM—	TO—														
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		FROM—	TO—																		
8.	To your knowledge, did they live together continuously? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>																				
	<i>If "No," explain.</i>																				
9.	To your knowledge, has either the Worker or the Applicant entered into any other marriage? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>																				
	<i>If "Yes," give the following information regarding all such marriages.</i>																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">STATE WHETHER WORKER OR APPLICANT</th> <th style="width:20%;">TO WHOM MARRIED</th> <th style="width:20%;">DATE AND PLACE OF MARRIAGE</th> <th style="width:15%;">HOW MARRIAGE TERMINATED</th> <th style="width:20%;">DATE AND PLACE MARRIAGE TERMINATED</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	STATE WHETHER WORKER OR APPLICANT	TO WHOM MARRIED	DATE AND PLACE OF MARRIAGE	HOW MARRIAGE TERMINATED	DATE AND PLACE MARRIAGE TERMINATED															
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*(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. 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 PERSON MAKING STATEMENT**

Signature <i>(First name, middle initial, last name) (Write in ink)</i>	Date <i>(Month, day, year)</i>
	Telephone Number
	<div style="text-align:center;"> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> </div> Area Code

**SIGN HERE**

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

\_\_\_\_\_

City and State	ZIP Code
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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 <i>(Number and Street, City, State, and ZIP Code)</i>	Address <i>(Number and Street, City, State, and ZIP Code)</i>

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

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