

3	IF ANY CHILD LISTED IN ITEM 2 NOW HAS A NAME DIFFERENT FROM THAT GIVEN AT BIRTH, PRINT BELOW THAT CHILD'S NAME, THE NAME GIVEN AT BIRTH, AND A BRIEF EXPLANATION FOR THE DIFFERENCE.	
	CHILD'S PRESENT NAME	CHILD'S NAME AT BIRTH
	EXPLANATION (<i>Marriage, court order, adoption</i>)	

4	ENTER NUMBER OF LIVING PARENTS OF THE DECEASED (<i>Include adopting parents and stepparents. If none, show "None".</i>)	NUMBER
	IF THERE ARE NO LIVING PARENTS, GO ON TO ITEM 5. _____	
	PRINT NAME AND COMPLETE ADDRESS OF EACH PARENT	
	NAME OF LIVING PARENT	ADDRESS OF LIVING PARENT (<i>Include house number, street, apt. number, P.O. box, rural route, city, state, and ZIP code</i>)
	ENTER SOCIAL SECURITY NUMBER(S) OF PARENT NAMED. (<i>If unknown, indicate "UNKNOWN".</i>) _____	_____ / _____ / _____
	NAME OF LIVING PARENT	ADDRESS OF LIVING PARENT (<i>Include house number, street, apt. number, P.O. box, rural route, city, state, and ZIP code</i>)
ENTER SOCIAL SECURITY NUMBER(S) OF PARENT NAMED. (<i>If unknown, indicate "UNKNOWN".</i>) _____	_____ / _____ / _____	

5	LEGAL REPRESENTATIVE OF THE DECEASED'S ESTATE (Omit this item if relatives are listed in 1, 2, or 4)	
	NAME OF LEGAL REPRESENTATIVE (<i>Please print</i>)	ADDRESS OF LEGAL REPRESENTATIVE (<i>Please print house number, street, apt. number, P.O. box, rural route, city, state, and ZIP code</i>)

Note: If you are applying as legal representative, please submit a certified copy of your letters of appointment.

REMARKS: (*If you need more space for explaining any answers to the questions, attach a separate sheet.*)

COMPUTER MATCHING STATEMENT: 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.

PAPERWORK REDUCTION ACT: This information collection meets the clearance 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 you about 10 minutes to read the instructions, gather the necessary facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213 (TTY 1-800-325-0778). Send only comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**

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 APPLICANT

SIGNATURE (<i>First name, middle initial, last name</i>)	DATE (<i>Month, day, year</i>)	TELEPHONE NUMBER (<i>Include area code</i>)
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MAILING ADDRESS (*House number and street, apt. number, P.O. box, or rural route*)

CITY	STATE	NAME OF COUNTY	ZIP CODE
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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.

SIGNATURE OF WITNESS	SIGNATURE OF WITNESS
ADDRESS (<i>House number and street, city, state, and ZIP code</i>)	ADDRESS (<i>House number and street, city, state, and ZIP code</i>)