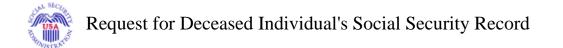
Electronic Freedom of Information Act



Form SSA-711 Internet Request Form Approved: OMB No. 0960-0665

For information on how to complete this form, follow the form instructions.

Request Type and Fee

Photocopy of Original Application for a Social Security Card (SS-5)

\$27.00, SSN of deceased individual is provided

\$29.00, SSN of deceased individual is not provided

Computer Extract of Social Security Card Application

\$16.00, SSN of deceased individual is provided

\$18.00, SSN of deceased individual is not provided

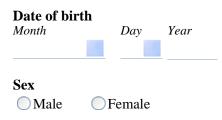
Certification is required, adds \$10.00 to fee

Deceased Individual's Information

| Name of individua | al at birth | | |
|-------------------|-------------|------|--|
| First | Middle | Last | |

Name(s) of individual (if other than above/other name(s) used)

Social Security Number



Deceased Individual's Parents' Information

| Mother' | s maiden name | |
|---------|---------------|------|
| First | Middle | Last |

| ed name(s) | , | |
|------------|--------|--------------------------------|
| Middle | Last | |
| nation | | |
| Middle | Last | |
| | | |
| | | |
| State | Zip | |
| | | |
| | | |
| | | |
| | Middle | Middle Last nation Middle Last |

el Submit

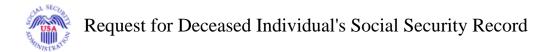
PAPERWORK/PRIVACY ACT STATEMENT

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Use This eForm If You Need

Photocopy of Original Application for a Social Security Card (SS-5), or Computer Extract of Social Security Card Application.

Information About Your Request

How Do I Get This Information?

Complete the eForm request for deceased individual's Social Security record (Form SSA-711) to tell us what information you want.

Is There A Fee For This Information? Yes

Photocopy of Original Application for Social Security Card (SS-5)
If SSN of deceased individual is provided, the fee is \$27.00
If SSN of deceased individual is not provided, the fee is \$29.00
Computer Extract of SS-5 (May not contain the name of the individual's parents and the place of birth)
If SSN of deceased individual is provided, the fee is \$16.00

If SSN of deceased individual is not provided, the fee is \$18.00

Certified copy is provided for an additional fee of \$10.00 (See instructions below).

SSN Search Required.

Photocopy of Original Application for Social Security Card (SS-5): Complete as much information as possible under the Deceased Individuals and Parents Information sections, if the deceased individual's SSN is unknown.

When is Certification Required?

Certification is usually not necessary unless you plan to use the information in court.

Method of Payment

Payment can be made online with a **credit card** by completing the credit card information. When you have completed the eForm, select the **Pay Now** button. You will receive an electronic confirmation and a reference number of your successful transaction.

You may also choose to print and mail in your request.

If you mail your request, you may pay by **credit card** using form SSA-714 (Link to SSA-714) or with a **check or money order** (Name, Address and Phone Number must appear on check. Name, Account Number and expiration date must be provided for credit card payment). Enclose one check or money order or provide your credit card information for the **entire fee required** (total from request(s)). **DO NOT SEND CASH.**

Forward Request to: SSA OEO DERO FOIA PO BOX 33022 BALTIMORE MD 21290-3022

Forward Express Mail to: SSA OEO DERO FOIA 300 N GREENE STREET

BALTIMORE MD 21290-0300

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PAPERWORK/PRIVACY ACT STATEMENT

See below for revised Paperwork Reduction Act and Privacy Act Statements.

PAPERWORK REDUCTION ACT STATEMENTY This information conection meets the crearance requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 7 minutes to read the instructions, gather the necessary facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blyd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

PRIVACY ACT STATEMENT: The Social Security Administration (SSA) has the authority to collect the information requested on this form under/5 U.S.C. § 552 and the applicable regulations at 20 CFR § 402.130. The information you provide will be used to respond to your request for information or records maintained by SSA. You do not have to give us this information. However, without the information we will be unable to respond to your request.

Although the information we obtain with this form is almost never used for any purpose other than the one stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose to a Congressional office requesting information on your behalf; to the Department of Justice (DOJ) for use in representing the Federal Government; and to the General Services Administration and the National Archives and Records Administration to conduct studies. Disclosure of any information defined as "returns or return information" under 26 U.S.C. § 6103 of the IRC/will not be disclosed unless authorized by a statute, the IRS, or IRS regulations.

Explanations about these and other reasons why information you provide may be used or given out are available in Social Security offices. If you want to learn more about this, you may contact any Social Security office.

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https://secure.ssa.gov/apps7/eFOIA-FEWeb/internet/main.jsp?action=Privacy

6/18/2009

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

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction</u> 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 7 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 <u>only</u> comments relating to our time estimate to this address, not the completed form.

REQUEST FOR DECEASED INDIVIDUAL'S SOCIAL SECURITY RECORD

*Use this form only if you need (1) a photocopy of the original application for a Social Security Card (SS-5) or (2) a computer extract of the Social Security Card Application.

"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 7 minutes to read the instructions, gather the facts, and answer the questions. Send only comment Insert revised PRA statement A, 1338 Annex Building, 6401 Security Boulevard, Baltimore, Maryland 21235-6401." here.

INFORMATION ABOUT YOUR REQUEST

• **How Do I Get This Information?** Complete page 2 of this form to tell us what information you want. Photocopy page 2 for multiple requests.

• Is There A Fee For This Information? Yes.

Photocopy of Original Application for Social Security Card (SS-5)

If SSN of deceased individual is provided, the fee is \$27.00.

If SSN of deceased individual is not provided, the fee is \$29.00.

- Computer Extract of SS-5 (may not contain the names of the individual's parents and the place of birth)
 - If SSN of deceased individual is provided, the fee is \$16.00.

If SSN of deceased individual is not provided, the fee is \$18.00.

Certified copy is provided for an additional fee of \$10.00 (See instructions below).

• SSN Search required.

Complete as much information as possible in Blocks 4 and 5, if the deceased individual's SSN is unknown.

• When is Certification required?

Certification is usually not necessary unless you plan to use the information in court.

• Method of Payment.

Payment can be made with a **credit card** by completing the attached Form SSA-714 and returning it with your request(s) form. You may also pay with a **check or money order** (Name, Address and Phone Number must appear on Check). Enclose one check or money order for the <u>entire fee required</u> (total from request(s)). **DO NOT SEND CASH.**

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

The Freedom of Information Act at 5 U.S.C. § 552 and our regulations at 20 C.F.R. § 402.130 authorize us to collect the information on this form. The information you provide will be used to respond to your request for SSA records information and may be used to facilitate statistical research, audit, or investigative activities necessary to ensure the integrity of SSA programs. Your response is voluntary; however, failure to provide all or part of the requested information could prevent us from being able to accurately respond to your request.

We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, in accordance with 5 U.S.C. § 552a(b) of the Privacy Act, we may disclose the information provided on this form (1) to comply with Federal laws requiring the disclosure of the information from our records; (2) to a Congressional office requesting information on your behalf; (3) to the Department of Justice (DOJ) for use in representing the Federal Government; and (4) to the General Services Administration and the National Archives and Records Administration to conduct studies.

A complete list of routine uses of this information is contained in our System of Records Notice 60-0340 (Electronic Freedom of Information Act (e-FOIA) System). Additional information regarding this form and our other systems of records notices and Social Security programs are available from our Internet website at <u>www.socialsecurity.gov</u> or at your local Social Security office.