

## REQUEST FOR DECEASED INDIVIDUAL'S SOCIAL SECURITY RECORD

\*Use This Form If You Need

1. Photocopy of Original Application for a Social Security Card (SS-5).
- OR**
2. Computer extract of 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** comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401.”~~

**See below for Paperwork Reduction Act and Privacy Act Statements**

### 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 **entire fee required** (total from request(s)). **DO NOT SEND CASH.**

# REQUEST FOR DECEASED INDIVIDUAL'S SOCIAL SECURITY RECORD

**PROCESSING LIMITATIONS:** A Request for information **CANNOT** be processed for:

**INDIVIDUALS WHO DIED BEFORE NOVEMBER 1936.**

**INDIVIDUALS BORN BEFORE 1865 (unless you furnish a Social Security Number (SSN)).**

**INSTRUCTIONS: PRINT OR TYPE ALL DATA. SIGN IN INK. ALLOW 4-6 WEEKS FOR A REPLY.**

If you have any questions regarding completion of this form call 1-800-772-1213.

1. Request for photocopy of Original Application for Social Security Card (SS-5).

Enter, \$27.00, if SSN of deceased individual is provided ..... A. \$ \_\_\_\_\_

Enter \$29.00, if SSN of deceased individual is not provided ..... B. \$ \_\_\_\_\_

2. Request for Computer extract of Social Security Number Application.

Enter, \$16.00, if SSN of deceased individual is provided ..... C. \$ \_\_\_\_\_

Enter, \$18.00, if SSN of deceased individual is not provided ..... D. \$ \_\_\_\_\_

3. If Certification is required, enter an additional \$10.00 ..... E. \$ \_\_\_\_\_

**Add the amounts from Lines A through E and enter TOTAL on Line F** ..... F. \$ \_\_\_\_\_

Paying with a **CREDIT CARD**, complete and return Form SSA-714 attached, or

Enclose your **CHECK** or **MONEY ORDER** for the amount on line **F** payable to "Social Security Administration."

**DO NOT SEND CASH. DO NOT SEND SELF-ADDRESSED STAMPED ENVELOPE.**

4. **DECEASED INDIVIDUAL'S INFORMATION** (COMPLETE AS MUCH INFORMATION AS POSSIBLE)

Name of Individual at birth (first, middle, last name)

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

M F

Social Security Number

Date of birth (mo, day, yr)

Circle Sex

Place of Birth (City, State or Foreign Country)

5. **DECEASED INDIVIDUAL'S PARENTS' INFORMATION** (if SSN of deceased individual is not provided, please complete this section)  
(Complete as much information as possible)

Mother's (Maiden) Name at birth (first, middle, last name)

Mother's married name(s)

Father's Name (first, middle, and last name)

6. **REQUESTER'S INFORMATION** (PLEASE READ PRIVACY ACT STATEMENT BEFORE COMPLETING THIS SECTION)

Printed Name of Requester (first, middle, last name)

Signature (do not print unless this is your usual signature)

Date

Street Address

City, State and Zip Code

( )

( )

Telephone Number

Fax Number

E-Mail Address

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

9. Forward Express Mail to: **SSA OEO DERO FOIA  
300 N GREENE ST  
BALTIMORE MD 21290-0300**

*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 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 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 only 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.

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  - Certified copy is provided for an additional fee of \$10.00 (See instructions below).
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### 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 [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.