

SOCIAL SECURITY ADMINISTRATION **CERTIFICATION OF CONTENTS OF DOCUMENT(S) OR RECORD(S)**

NAME OF NUMBER HOLDER	SOCIAL SECURITY NUMBER	<input type="checkbox"/> EXTRACT TRANSLATION OF (Specify) _____ <div style="text-align: right; font-size: small;">Language Document</div>
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Every item in a block must be filled out with EXACT EXCERPTS from the document certified or the item must be marked "NS" or "Not shown." If the date on which an entry was made in a family record is "not shown," indicate under "Remarks" any allegation as to when the document or record was established. Include any other pertinent information shown on the document under "Remarks." Cross out all unused blocks, (e.g., if a certification is made only in block "A1," cross out "A2," "B," "C," "D," and "E.")

**A. AGE, RELATIONSHIP OR CITIZENSHIP OF:**

1. NAME OF PERSON AS SHOWN ON EVIDENCE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT SHOWN	DATE OF BIRTH	PLACE OF BIRTH
AGE <input type="checkbox"/> NOT SHOWN	BIRTHDAY AGE SHOWN <input type="checkbox"/> NOT GIVEN <input type="checkbox"/> LAST <input type="checkbox"/> NEXT <input type="checkbox"/> NEAREST	DATE RECORDED (if religious record, show date of ceremony) <input type="checkbox"/> NOT SHOWN		NATURE OF EVIDENCE
NAME OF FATHER <input type="checkbox"/> NOT SHOWN		AGE	NAME OF MOTHER <input type="checkbox"/> NOT SHOWN	

CUSTODY OF DOCUMENT

- APPLICANT  
 RECORD CUSTODIAN  
 OTHER (Relationship to Applicant) \_\_\_\_\_

NAME AND ADDRESS OF ISSUING AGENCY IF NOT A PUBLIC RECORD (include ZIP Code)		<input type="checkbox"/> PUBLIC CUSTODIAN	DATE DOCUMENT ISSUED (If certifying from a Bible, give date of publication or last copyright, and complete part E)	DOCUMENT NO.
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2. NAME OF PERSON AS SHOWN ON EVIDENCE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT SHOWN	DATE OF BIRTH	PLACE OF BIRTH
AGE <input type="checkbox"/> NOT SHOWN	BIRTHDAY AGE SHOWN <input type="checkbox"/> NOT GIVEN <input type="checkbox"/> LAST <input type="checkbox"/> NEXT <input type="checkbox"/> NEAREST	DATE RECORDED (if religious record, show date of ceremony) <input type="checkbox"/> NOT SHOWN		NATURE OF EVIDENCE
NAME OF FATHER <input type="checkbox"/> NOT SHOWN		AGE	NAME OF MOTHER <input type="checkbox"/> NOT SHOWN	

CUSTODY OF DOCUMENT

- APPLICANT  
 RECORD CUSTODIAN  
 OTHER (Relationship to Applicant) \_\_\_\_\_

NAME AND ADDRESS OF ISSUING AGENCY IF NOT A PUBLIC RECORD (include ZIP Code)		<input type="checkbox"/> PUBLIC CUSTODIAN	DATE DOCUMENT ISSUED (If certifying from a Bible, give date of publication or last copyright, and complete part E)	DOCUMENT NO.
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**B. MARRIAGE OF:**

NAME OF HUSBAND AS SHOWN ON EVIDENCE		PREVIOUS MARRIAGES (0, 1, 2, etc.) <input type="checkbox"/> NOT SHOWN	DATE OF BIRTH	AGE	BIRTHDAY AGE SHOWN <input type="checkbox"/> LAST <input type="checkbox"/> NEXT <input type="checkbox"/> NEAREST <input type="checkbox"/> NOT GIVEN
NAME OF WIFE AS SHOWN ON EVIDENCE		PREVIOUS MARRIAGES (0, 1, 2, etc.) <input type="checkbox"/> NOT SHOWN	DATE OF BIRTH	AGE	BIRTHDAY AGE SHOWN <input type="checkbox"/> LAST <input type="checkbox"/> NEXT <input type="checkbox"/> NEAREST <input type="checkbox"/> NOT GIVEN

NATURE OF EVIDENCE <input type="checkbox"/> MARRIAGE CERTIFICATE <input type="checkbox"/> BIBLE (complete part E)	PLACE OF MARRIAGE
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CUSTODY OF DOCUMENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> RECORD CUSTODIAN <input type="checkbox"/> OTHER (Relationship to Applicant) _____	DATE OF MARRIAGE
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NAME AND ADDRESS OF ISSUING AGENCY IF NOT A PUBLIC RECORD (include ZIP Code)		<input type="checkbox"/> PUBLIC CUSTODIAN	DOCUMENT NO.
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**C. DEATH OF:**

NAME OF DECEASED AS SHOWN ON EVIDENCE		DATE OF DEATH	CAUSE OF DEATH	PLACE OF DEATH
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CUSTODY OF DOCUMENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> RECORD CUSTODIAN <input type="checkbox"/> OTHER (Relationship to Applicant) _____	NATURE OF EVIDENCE <input type="checkbox"/> DEATH CERTIFICATE
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NAME AND ADDRESS OF ISSUING AGENCY IF NOT A PUBLIC RECORD (include ZIP Code)		<input type="checkbox"/> PUBLIC CUSTODIAN	DOCUMENT NO.
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**D. SERVICE IN U.S. ARMED FORCES OF:**

NAME OF PERSON AS SHOWN ON EVIDENCE			DATE OF BIRTH OR AGE	DATE BIRTH OR AGE RECORDED
RANK	BRANCH ( <i>Army, Navy, etc.</i> )	SERIAL NO.	NATURE OF EVIDENCE	<input type="checkbox"/> ORIGINAL DISCHARGE
DATE ENLISTED OR INDUCTED		DATE ENTERED ACTIVE DUTY		DATE DISCHARGED OR RELEASED FROM ACTIVE DUTY
MEANS OF ENTRY INTO SERVICE	<input type="checkbox"/> INDUCTED <input type="checkbox"/> CALLED FROM INACTIVE DUTY <input type="checkbox"/> ENLISTED <input type="checkbox"/> RE-ENLISTED <input type="checkbox"/> COMMISSIONED			
CHARACTER OF DISCHARGE:		REASON AND AUTHORITY FOR SEPARATION		
<input type="checkbox"/> OTHER ( <i>Describe</i> ) <input type="checkbox"/> HONORABLE		<input type="checkbox"/> NOT SHOWN		
PERSON SUBMITTING DOCUMENT, RELATIONSHIP TO APPLICANT, AND ADDRESS ( <i>include ZIP Code</i> )				<input type="checkbox"/> APPLICANT
NAME AND ADDRESS OF ISSUING AGENCY IF NOT A PUBLIC RECORD ( <i>include ZIP Code</i> )			<input type="checkbox"/> CUSTODIAN	DATE DOCUMENT ISSUED
				DOCUMENT NO.

**E. EVALUATION OF FAMILY BIBLE OR SIMILAR FAMILY RECORD:**

Claimant's allegation as to person who made the entry:

1. NAME	3. RELATIONSHIP TO CLAIMANT
2. ADDRESS ( <i>include ZIP Code</i> )	4. DATE ENTRY MADE

Examination of record.

1. Does entire entry appear to have been made by the same person at the same time?     Yes     No (*Explain in Remarks*)
2. Is record made in:     Ink     Pencil     Ballpoint Pen     Other
3. Describe the condition of the paper (yellow, brittle, etc.), and the condition of the book:

4. Is entry faded?     Yes     No5. Does entry appear to be:     Old     Recent

6. Date Bible printed or published. \_\_\_\_\_

7. If photocopy cannot be submitted, answer the following:

a. Are entries arranged chronologically?     Yes     No (*Explain in Remarks*)

b. Name and date as shown in the entry immediately before and immediately after the entry for the claimant:

Entry before \_\_\_\_\_

Entry after \_\_\_\_\_

8. a. Who has had custody of the record?

c. When was the entry made?

b. Who made the entry?

d. How does the claimant know this?

**F. REMARKS:** NOTE: - Do not use this form to abstract from any court order (e.g., divorce, annulment and adoption decrees, etc.) or to certify the contents of any foreign (non-English) language document unless you are an authorized SSA translator.

**G. AUTHENTICATION OF DOCUMENT(S) OR RECORD(S) DESCRIBED ABOVE.**

CERTIFICATION: - I have personally examined the documents and records above and CERTIFY their contents in connection with an application for benefits under Title II, Title XVI, and/or Title XVIII of the Social Security Act, as amended. Unless otherwise stated, all the entries herein are exact excerpts from such documents or records. The entries are free from erasures, interlineation, or other alterations and the general appearance of the documents or records satisfactorily establish their authenticity. The entries (in the case of original records) appear to have been made at the time the record was purportedly established, and there is no reason to doubt the validity of the records or entries, unless otherwise stated and explained under "Remarks."

SIGNATURE	DATE

OFFICIAL TITLE

 CLAIMS REPRESENTATIVE SERVICE REPRESENTATIVE SENIOR CLAIMS SPECIALIST QUALITY ASSURANCE SPECIALIST OTHER (Specify) FIELD REPRESENTATIVE DATA REVIEW TECHNICIAN CLAIMS DEVELOPMENT CLERK STATE RECORD CUSTODIAN

See revised Privacy Act and Paperwork Reduction Act Statements below.

## Privacy Act Statement

The information requested on this form is authorized by the Social Security Act, Sections 205(a), 163a(e)(1)(A) and (B), and 1631(f), and Title 20 CFR 404.707. The information provided will allow Social Security Administration to determine eligibility factors. This is in situations where obtaining photography of an original or certified document is not possible. You do not have to provide the information requested. However, the data you provide will allow the Social Security Administration to determine eligibility factors of the person who is applying for Social Security or SSI benefits. If you do not complete this form, that person may not be entitled to benefits. The information you furnish may be disclosed by SSA for the following purposes (1) to assist SSA in determining the right to Social Security benefits for the applicant or another person; (2) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of programs administered by SSA, and (3) to comply with laws and regulations requiring the exchange of information between SSA and another agency.

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 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 10 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. **Send only comments relating to our time estimate to this address, not the completed form.**

*SSA will insert the following revised PRA Statement 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 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also 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.*

## **Privacy Act Statement**

### **(Certification of Contents of Document (s) or Record(s))**

Sections 205(a), 163a(e), (1)(A) and (B), and 1631(f), of the Social Security Act, as amended, and Title 20 CFR 404.707 authorizes us to collect this information. The information you provide will be used to make a decision on the claimant's application for benefits. Your response is voluntary. However, failure to provide all or part of the requested information could prevent an accurate and timely decision on the claimant's applications.

We rarely use this information provided on this form for any other purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use this information you provided in computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded and administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in System of Records Notice 60-0089 and 60-0050. The notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security Office.