**REPRODUCE LOCALLY.** Include form number and date on all reproductions.

## FSA-85-1U.S. Department of Agriculture (05-08-98) Farm Service Agency

## Reporting and Recordkeeping Requirements

1. OMB No.	2 Title of	Classes							
	2. Title of Clearance FSA-325, Application for Payment of Amounts Due Persons Who Have Died, Disappeared								
0560-0026			Declared Inco		7 CFR, Par		s wno hav	e bied, b	isappeared,
3.	4.	5.	6.	7.	Annual Burden on the Public (Col. $8 \times 9=10$ and Col. $10 \times 11=12$ )				
Description (Title of Form, Report or Record)	Report	Record	Form No.	Regulation Part/Sec.	8.	9.	10.	11.	12.
					No. of Respondents	No. of Reports Filed Per Person	Total Annual Responses	Time to Respond	Total Burden Hours
Application for Payment of Amounts Due Persons Who Have Died, Disappeared, of Have Been Declared Incompetent			FSA-325	54 Stat 728/ 7 CFR 707	2000	1	2000	. 50	1000
Travel Time (1.0 hour per visit)									2000
TOTALS →					2000	1	2000		3000