

REQUEST FOR PROOF(S) FROM CUSTODIAN OF RECORDS

DATE: _____
Number Holder: _____

Unit Number: _____

TO: CUSTODIAN OF RECORDS

Address

Address

City State ZIP Code

• Please furnish a **certified copy** of your record or a Letter of No Record of the following event(s):

- Marriage
- Divorce
- Death

See page 2 for details. Include this form with your response.

• **Verification of Requester's Identity (if required)**

Proof of the requester's identity is attached.

• The document is needed for Social Security Administration purposes.

• Enclosed is \$ _____ in the form of:

- Personal Check
- Certified Check
- Money Order
- Credit Card (Type, Number, Expiration Date, Name as shown on card _____)
- Other (specify) _____
- No Fee Required

Do not send cash.

• Please send the document(s) to (check one):

The Social Security Office
(Please Print)

OR

My address below
(Please Print)

Social Security Administration

Attention: _____

Name

Address

Address

Address

Address

City State ZIP Code

City State ZIP Code

I authorize the disclosure of the requested information to the Social Security Administration.

NAME OF REQUESTOR	RELATIONSHIP TO PERSON ON RECORD	SIGNATURE OF REQUESTOR
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- The following information may assist you in locating the correct record:

DEATH RECORD

Full Name of Deceased (first, middle, last) _____
 Date of Death (month, day, year) _____
 Sex _____ State of Birth _____
 Place of Death (city, county if known, state) _____

- If unable to locate record, please indicate years searched and sign. _____

MARRIAGE RECORD

Name of Groom or Party 1 (first, middle, last) _____
 Date of Birth (month, day, year) _____
 Place of Birth _____
 Name of Bride or Party 2 (first, middle, last) _____
 Date of Birth (month, day, year) _____
 Place of Birth _____
 Date of Marriage (month, day, year) _____
 If date unknown, year(s) to be searched _____
 County that issued license _____
 County and state where marriage occurred _____

If checked, please include age or birth date of _____ as shown on the marriage record.

- If unable to locate record, please indicate years searched and sign. _____

DIVORCE RECORD

Name of Husband or Party 1 (first, middle, last) _____
 Date of Birth (month, day, year) _____
 Name of Wife or Party 2 (first, middle, maiden) _____
 Date of Birth (month, day, year) _____
 Date of Divorce (month, day, year) _____
 If date unknown, year(s) to be searched _____
 County and state where divorce occurred _____

- If unable to locate record, please indicate years searched and sign. _____

See Revised Privacy Act Statement

~~**Privacy Act** - The Privacy Act requires us to notify you that we are authorized to collect this information by section 205 (a) of the Social Security Act. You do not have to provide the information requested. The data you provide, however, will allow the Social Security Administration to determine the eligibility for benefits of a person who is applying for Social Security or Supplemental Security Income benefits. If you do not complete this form, that person may not be entitled to benefits. We do not disclose the information you provide to any person or other government 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 give 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 (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.**~~

See Revised Paperwork Reduction Act Statement

SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:

Request for Proof(s) From Custodian of Records
Form, SSA-L707
Privacy Act Statement
Collection and Use of Personal Information

Section 205(a) of the Social Security Act as amended [42 U.S.C. 405(a)], authorizes us to collect this information. The information you provide will allow us to determine eligibility for benefits of a person who is applying for Social Security or Supplemental Security Income benefits. Your response is voluntary, however, your failure to complete this form may prevent us from making an accurate or timely decision on the named person's eligibility for benefits.

We rarely use the information you provide on this form for any 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 the 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 the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. Information from these matching agencies can be used to establish or verify a person's eligibility for Federally-funded or 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 our Systems of Records Notices entitled, Claims Folder System, 60-0089, and Supplemental Security Income Record, and Veterans Benefits, 60-0103. The notices, additional information regarding this form, and information regarding our system and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

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 only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***