Social Security Administration

REQUEST FOR PROOF(S) FROM CUSTODIAN OF RECORDS

DATE: Unit Number: _____

Number Holder: _____   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   OR   ☐ My address below
  (Please Print)   (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

• 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 mee _____ 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.**