

STATEMENT REGARDING THE INFERRED DEATH OF AN INDIVIDUAL BY REASON OF CONTINUED AND UNEXPLAINED ABSENCE

All items on this form must be answered or marked "unknown" If you need more space for answers, attach a separate sheet.

~~Paperwork Act Notice: Your response to this request is voluntary. The Social Security Administration will use the information you furnish to make a finding about the inferred death of the missing person. The information is needed by the Social Security Administration to help process a claim for Social Security Benefits. Authority to collect this information is contained in 20 CFR 404.720 and 404.721.~~

See Revised Privacy Act Statement

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| NAME OF MISSING PERSON | SOCIAL SECURITY NUMBER ____ / ____ / _____ |
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I UNDERSTAND THAT THIS STATEMENT IS TO BE CONSIDERED IN CONNECTION WITH AN APPLICATION FILED BY THE APPLICANT SHOWN BELOW FOR BENEFITS PAYABLE UNDER THE SOCIAL SECURITY ACT AND THAT THE APPLICANT'S RIGHT TO SUCH BENEFITS IS SUBJECT TO A DETERMINATION AS TO THE INFERRED DEATH OF THE MISSING PERSON, ALSO LISTED BELOW.

FULL NAME OF APPLICANT

| | | |
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| 1. | My relationship to the applicant is _____ → | CHILD, MOTHER, CLOSE FRIEND, CASUAL FRIEND, ETC. |
| 2. | Give the name and address of the person with whom the missing person was living a the time of disappearance. | |
| | NAME | ADDRESS |
| 3. | My relationship to the missing person is _____ → | CHILD, MOTHER, CLOSE FRIEND, CASUAL FRIEND, ETC. |
| 4. | I have known the missing person since _____ → | SPECIFY DATE |
| 5. | a. When was missing person born? _____ → | |
| | MONTH-DAY-YEAR | |
| | b. Where was missing person born? | |
| | CITY OR TOWN | COUNTY |
| | STATE OR FOREIGN COUNTRY | |
| 6. | If any of the missing person's children, brothers, sisters, or parents are living now, give the following information. If none, or unknown, so indicate. | |
| | NAME | RELATIONSHIP |
| | ADDRESS | |
| | | |
| | | |
| | | |
| | | |
| 7. | Check whether the missing person was: <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> widowed <input type="checkbox"/> divorced | |
| 8. | Give the names and addresses of relatives (other than those listed in 6 above) and friends with whom the missing person usually visited or corresponded. | |
| | NAME | ADDRESS |
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| 9. | Was the missing person on good terms with his family and acquaintances? (If "no," explain your answer.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | a. Give date you last saw missing person → | EXACT DATE IF POSSIBLE, OTHERWISE APPROXIMATE DATE | |
| | NAME OF PLACE WHERE YOU LAST SAW MISSING PERSON | ADDRESS | |
| | Describe the circumstances of this last occasion. | | |
| | c. Did the missing person tell you he was planning to travel? (If "yes," to what place?) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | a. Do you know anyone who would ordinarily be familiar with the missing person's plans? (If "Yes," give their names and addresses.) | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | b. What information or opinion do you have about the missing person's reasons for leaving? | | |
| | c. What personal effects did the missing person take? (include clothing, hand luggage, trunk, money, etc.) | | |
| 12. | a. Have you seen, heard from, or heard of the missing person, directly or through anyone else, since the time of disappearance? (If "Yes," explain.) | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | b. Give the name and address of anyone who has heard from or about the missing person. | | |
| | c. If you have received any mail from the missing person since the time of disappearance, where was it mailed from? (Attach such communication or explain its contents.) | | |
| 13. | a. Was the missing person working at the time of disappearance? (If "Yes," give name and address of the employer.) | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | b. What was the missing person's usual occupation? → | SPECIFY | |
| 14. | Was the missing person in a position of danger or peril at the time of disappearance? (If "Yes," describe the danger or peril and state the basis for your knowledge.) | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 15. | a. Was the missing person bonded? (If "Yes," give the name and address of the bonding company.) | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | b. What was the condition of the missing person's accounts at the time of disappearance? | | |

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| 16. | <p>a. Were any court proceedings pending which involved the missing person at the time of disappearance (civil or criminal, such as divorce action, court order or decree requiring support of wife or children, etc.)? (If "Yes," explain.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| | <p>b. Had a warrant for arrest been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>c. Did the missing person have any financial troubles at the time of disappearance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| | <p>d. Did the missing person express dissatisfaction with surroundings, work, home conditions, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| 17. | <p>a. What was the missing person's reputation in the community for steadiness, sobriety, industry?</p> | |
| | <p>b. What were the missing person's habits regarding leaving for long periods?</p> | |
| | <p>c. What were the missing person's habits in keeping other person's informed as to his whereabouts?</p> | |
| 18. | <p>Do you know of any circumstances indicating that the missing person was not in good physical and mental health at the time of disappearance? (If "Yes," explain.)</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. | <p>Had the missing person ever been treated for a mental illness? (If "Yes," indicate when and in what institution.)</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. | <p>a. Were the police notified of the disappearance? (If "Yes," state when.) (If "No," state why not.)</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <p>b. Give the name and address of other agencies that were called upon to aid in the search for the missing person, and explain the result of their investigation.</p> | |
| | <p>c. Were city or State death records searched after the missing person's disappearance? (If "Yes," state when and where.)</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <p>d. Describe other efforts made to locate the missing person.</p> | |
| | <p>e. Attach copy of reports by police or other agencies, if available.</p> | <p>f. Attach newspaper items, if any, relating to the disappearance.</p> |
| 21. | <p>a. Has any court ever been asked to declare the missing person dead? (If "Yes," state when, and give the name and address of the court.)</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <p>b. Explain the result of the court's findings. (Attach a copy of the proceedings, if available.)</p> | |

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| 22. | Did the missing person have a bank account? (If "Yes," give name and address of the bank.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. | a. Did the missing person have any life insurance? (If "Yes," give the name and address of the insurance company.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | b. Was the insurance paid off at full value? (If "No," explain your answer.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. | What is your estimate of the value of all other property owned by the missing person? (Describe principal items of property, and indicate whether the missing person owned them outright.) | | |
| 25. | a. Do you believe that the missing person is dead? (If "No," what, in your opinion, is the reason for the missing person's silence?) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | b. Do you know of any reason why the missing person, if living, should not reveal his whereabouts? (If "Yes," explain your answer.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. | State any other facts which you think would throw light on whether the missing person is now dead or alive. | | |

PAPERWORK REDUCTION ACT STATEMENT

The Paperwork Reduction Act of 1995 requires us to notify you that this information is being collected in connection with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not use the information you provide unless you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 30 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

See Revised PRA Statement

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.

I know that anyone who makes or causes to be made a false statement or representation of material fact or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given, in this document and elsewhere, is true.

SIGNATURE OF PERSON MAKING STATEMENT

| | |
|--|------------------------------|
| Signature (First name, middle initial, last name) (write in ink) | Date (Month, day, year) |
| SIGN HERE | Area Code & Telephone Number |

Mailing Address (Number and street, Apt No., P.O. Box, or Rural Route)

| | | |
|----------------|----------|---|
| City and State | ZIP Code | Enter Name of County (if any) in which you now live |
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Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the claimant must sign below, giving their full addresses.

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| 1. Signature of Witness | 2. Signature of Witness |
| Address (Number and street, City, State, and Zip Code) | Address (Number and street, City, State, and Zip Code) |

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

Title 20 CFR 404.720 and 404.721 of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to make a finding about the inferred death of the missing person.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from making a determination as to the inferred death of the missing person and eligibility for Social Security benefits.

We rarely use the information you supply for any purpose other than to make a finding about the inferred death of the missing person. 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 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 and improvement of Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

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 programs 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 Folders Systems, 60-0089 and Master Beneficiary Record, 60-0090. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your 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 30 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.***