

# STATEMENT OF DEATH BY FUNERAL DIRECTOR

NAME OF DECEASED	SOCIAL SECURITY NUMBER
<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;"></div>	<b>FOR SSA USE ONLY</b>
<p>Please complete the items below, and return the form in the enclosed addressed, postage paid envelope. Your assistance and cooperation are appreciated.</p>	

**See Revised Privacy Act and PRA Statement Attached**

**PRIVACY ACT/PAPERWORK ACT NOTICE:** The information on this form is authorized by Section 404.715 and 404.720 of the Federal Regulations (20 CFR 404.715 and 404.720). While your response is voluntary, we need your assistance to make an accurate and timely determination concerning the death of the individual named above, and to determine if there are survivors who may be eligible for Social Security benefits.

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 3.5 minutes to read the instructions, gather the facts, and answer the questions. **SEND 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, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.**

1. NAME OF DECEASED	2. SOCIAL SECURITY NUMBER  ___ / ___ / _____
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3. DATE OF DEATH	4. DATE OF BIRTH (if known)	5. Check (✓) whether the deceased was <input type="checkbox"/> Male <input type="checkbox"/> Female
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6. NAME OF WIDOW OR WIDOWER (if known)

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7. ADDRESS (No. and Street, P.O. Box) OF WIDOW OR WIDOWER (if known)

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CITY	STATE	ZIP CODE	TELEPHONE NUMBER (if Available)  ___ - ___ (area code)
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I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

NAME AND ADDRESS OF FUNERAL DIRECTOR OR FIRM	SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">TELEPHONE NUMBER      ___ - ___     (area code)</td> <td style="width: 30%; padding: 5px;">DATE</td> </tr> </table>	TELEPHONE NUMBER  ___ - ___ (area code)	DATE
TELEPHONE NUMBER  ___ - ___ (area code)	DATE		

**FOR SOCIAL SECURITY USE ONLY - DO NOT WRITE IN THIS SPACE**

**DO Processed (Date)**

## **A MESSAGE FROM SOCIAL SECURITY**

Your funeral director is helping the Social Security office by giving you this information about Social Security benefits. If the deceased was receiving benefits, you need to contact us to report the death. If you think you may be eligible for survivors benefits, you should contact us to apply.

## **HOW SOCIAL SECURITY HELPS FAMILIES**

Social Security survivors benefits help ease the financial burden that follows a worker's death. Almost all children under age 18 will get monthly benefits if a working parent dies. Other family members may be eligible for benefits, too.

Anyone who has worked and paid Social Security (FICA) taxes has been earning Social Security benefits for his or her family. The amount of work needed to pay survivors benefits depends on the worker's age at the time of death. It may be as little as 1-1/2 years for a young worker. No one needs more than 10 years.

## **WHO CAN GET SURVIVORS BENEFITS?**

Here is a list of family members who usually can get benefits:

- Widows and widowers age 60 or older.
- Widows and widowers at any age if caring for the deceased's child(ren) who are under age 16 or disabled.
- Divorced wives and husbands age 60 or older, if married to the deceased 10 years or more.
- Widows, widowers, divorced wives, and divorced husbands age 50 or older, if they are disabled.
- Children up to age 18.
- Children age 18 - 19, if they attend elementary school or high school full time.
- Children over age 18, if they became disabled before age 22.
- The deceased worker's parents age 62 or older, if they were being supported by the worker.

## **A SPECIAL ONE-TIME PAYMENT**

In addition to the monthly benefits for family members, a one-time payment of \$255 can be paid to a spouse who was living with the worker at the time of death. If there is none, it can be paid to:

- A spouse who is eligible for benefits.
- A child or children eligible for benefits.

This payment cannot be made if there is no eligible spouse or child.

## **HOW TO APPLY FOR BENEFITS**

You can apply for benefits by telephone or by going to any Social Security office. You may need some of the documents shown on the list below. But don't delay your application because you don't have all the information. If you don't have a document you need, Social Security can help you get it.

## **INFORMATION NEEDED**

- Your Social Security number and the deceased worker's Social Security number.
- A death certificate. (Generally, the funeral director provides a statement that can be used for this purpose.)
- Proof of the deceased worker's earnings for last year (W-2 forms or self-employment tax return).
- Your birth certificate.
- A marriage certificate, if you are applying for benefits as a widow, widower, divorced wife, or divorced husband.
- A divorce decree, if you are applying for benefits as a divorced wife or husband.
- Children's birth certificates and Social Security numbers, if applying for children's benefits.
- Your checking or savings account information, if you want direct deposit of your benefits.

You will need to submit original documents or copies certified by the issuing office. You can mail or bring them to the office. Social Security will make photocopies and return your documents.

## **SUPPLEMENTAL SECURITY INCOME (SSI)**

If you are 65 or older, disabled, or blind, ask the Social Security representative about Supplemental Security Income (SSI) checks for people with limited income and resources. If you receive SSI, you may also qualify for Medicaid, food stamps, and other social services.

## **FOR MORE INFORMATION**

For more information, write or visit any Social Security office, or phone the toll-free number, 1-800-772-1213. You can speak to a representative weekdays 7 a.m. to 7 p.m.

## **A REMINDER**

If the deceased was receiving Social Security benefits, any checks which arrive after death will need to be returned to the Social Security office. If Social Security checks were being directly deposited into a bank account, the bank needs to be notified of the death, too.

***SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:***

Privacy Act Statement

Statement of Death By Funeral Director

Sections 202 and 205 (a) of the Social Security Act as amended, and sections 404.715 and 404.720 of the Code of Federal Regulations (20 C.F.R. 404.715 and 404.720) authorize us to collect the information on this form. While your response is voluntary, we need your assistance to make an accurate and timely determination concerning the death of the individual named above, and to determine if there are survivors who may be eligible for Social Security benefits.

We rarely use the information you provide about the deceased on this form for any purpose other than for the reasons stated above. However, we may use it for administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routines 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 right to Social Security benefits and coverage, and
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 facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide about the deceased 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 Systems of Record Notices 60-0058, 60-0090 and 60-0103. This notice, additional information about this form, and any other information regarding our programs are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or visit your local Social Security office.

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