

**STATEMENT REGARDING DATE OF BIRTH AND CITIZENSHIP**

This report is authorized by section 205(a) of the Social Security Act, as amended (42 U.S.C. 405(a)). While your response is voluntary, your cooperation is needed to help us make a determination about the date of birth and/or citizenship of the person named below.

All items on this form requiring an answer must be answered or marked "Unknown."

(Do not write in this space)

_____ / ____ / _____ <i>(Name of wage earner, self-employed person, or SSI applicant)</i>	_____ / ____ / _____ <i>(Social Security Number)</i>
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I, \_\_\_\_\_, understand that the information I give will be used with an application for benefits payable under the Social Security Act.  
*(Name of person making this statement)*

1. Give full name of person about whom this statement is made:	2. How many years have you known this person?
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3. When was he or she born? <i>(Month, day, year)</i>	4. Where was he or she born? <i>(City or county--State or foreign country)</i>
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5. How did you learn about this person's date of birth? *(Tell fully how you know when this person was born.)*

6. How are you related to this person? *(If not related, write "None.")*

7. When and Where Were YOU Born? →	MONTH-DAY-YEAR	CITY OR COUNTY	STATE OR FOREIGN COUNTRY
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**I know that anyone who makes a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal and/or State law by fine, imprisonment or both. I affirm that all information I have given in this document is true.**

**SIGNATURE OF PERSON MAKING STATEMENT**

Signature <i>(First name, middle initial, last name) (Write in ink)</i>	Date <i>(Month, day, year)</i>
<b>SIGN HERE</b> →	Telephone Number <i>(Include area code)</i>

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

City and State	ZIP Code
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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 person making the statement must sign below, giving their full addresses.**

1. Signature of Witness	2. Signature of Witness
Address <i>(Number and Street, City, State and ZIP Code)</i>	Address <i>(Number and Street, City, State and ZIP Code)</i>

## Privacy Act Statement

### Collection and Use of Personal Information

Sections 205(a) and 1631 (e)(1)(A) and (B) of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to help establish age and/or citizenship.

The information you furnish on this statement is voluntary. However, failure to provide the requested information may prevent an accurate and timely decision on any claim filed, or could result in the loss of benefits.

We rarely use the information you supply on this statement for any purpose other than for the stated purpose of establishing age and/or citizenship. 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 and audit 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.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

### Paperwork Reduction Act (PRA) 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.**