(Do not write in this space)

STATEMENT OF MARITAL RELATIONSHIP (By one of the parties)

All items on this form requiring an enswer must be enswered or marked "Unknown."

I understand that the information given by me will be used in connection with an application filed for insurance benefits payable under Title II of the Social Security Act, as amended, based on the earnings of the wage earner or self-employed person named

See revised Privacy Act Statement below.

The following information is given pursuant to the Privacy Act of 1974. The Social Security Administration is authorized to collect information about your marital status under section 216(h) of the Social Security Act, as amended (42 U.S.C. 416(h)). While completion of this form is voluntary, failure to provide all or part of the requested information could prevent an accurate and timely decision on your claim and could result in the loss of some benefits. The information on this form may be disclosed by the Social Security Administration to another person or agency for the following purposes: (1) to assist the Social Security Administration in establishing the right of beneficiary to Social Security benefits, (2) facilitate statistical research and audit activities recessary to assure the integrity and improvement of the Social Security programs, and (3) to comply with laws requiring authorizing the exchange of information between the Social Security Administration and another agency.

1.	PRINT NAME OF WAGE EAF	NER OR SELF EMPLOYED PE	RSON	SOCIAL SECU	JRITY NUMBER
2.	PRINT YOUR FULL NAME (F	irst, middle initial, last)	3. NAME OF PERSO	N WITH WHOM YO	OU WERE LIVING:
4.	WHEN DID YOU BEGIN LIVII HUSBAND AND WIFE RELA		WHERE DID YOU LIV	/E?	and an analysis of the state of
	MONTH	YEAR	CITY OR TOWN	STATE	
5.	A. DID YOU LIVE TOGETHE If "No," give the periods B. Where have you lived tog	of separation and the reason	s why you did not live		
		R TOWN	STATE	DATES FROM	ТО
		Providential and inside the Assets			
6.	DID YOU HAVE AN UNDERS WHEN YOU BEGAN LIVING A. If it was in writing, furnis	TOGETHER?		to each other abou	YES NO
	B. WAS THIS UNDERSTAN If "yes," what were the	DING LATER CHANGED? changes and when and why	were they made?		YES NO
7.	DID YOU HAVE AN UNDER! If "yes," what did you say t	STANDING AS TO HOW LON o each other about how long			YES NO
Form	SSA-754-F4 (10-2002) EF (05	2004) F	age 1		(OVE

8.	A. DID YOU HAVE ANY UNDERSTAN B. IF "YES," WHAT DID YOU SAY TO			OULD BE ENDED	? YES	No
q	A. DID YOU BELIEVE THAT YOUR UN	ING TOGETHER MAD	F YOU LEGALLY MAE	BIED?	YES	Πno
	B. IF "YES," WHY DID YOU BELIEVE				LJ · LO	
10.	A. WAS THERE AN AGREEMENT OR ALSO BE PERFORMED IN THE FUT B. IF "YES," EXPLAIN WHY THE CER	URE?		WOULD	YES	□ NO
11,	A. WERE ANY CHILDREN BORN OF THIS RELATIONSHIP?					[] NO
	B. IF "YES," LIST BELOW:	(Manuscription of the control of the				manifiliare recommendation of the control of the co
	FULL NAME AT BIRTH	DATE OF	BIRTH (OR AGE)	P	ACE OF BIRT	<u> </u>
2.	BY WHAT NAMES WERE YOU AND T	HE PERSON WITH WE	IOM YOU WERE LIVIN	IG KNOWN?		
	A. BEFORE YOU LIVED TOGETHER (MAN'S NAME)		B. BEFORE YOU L	IVED TOGETHE	R (WOMAN'S	NAME)
	C. SINCE YOU LIVED TOGETHER IMA	AN'S NAME)	D. SINCE YOU LIV	ED TOGETHER	(WOMAN'S N	AME)
	E. IF YOU BOTH DID NOT USE THE S	SAME LAST NAME AF	TER YOU BEGAN LIVI	NG TOGETHER,	STATE THE R	EASONS.
3.	A. AFTER YOU STARTED LIVING TOO DEEDS OR CONTRACTS EXECUTE ACCOUNTS OPENED UP, ETC?	ED, INSURANCE POLIC		•	YES	□ NO
	B. IF "YES," GIVE THE FOLLOWING (MADE OUT	WERE YOU SHOW	VN AS THE OTHER'S	HUSBAND/WIFE
			7347 240 22	Makette some	YES	□NO
			- Paragraphic Control of the Control		YES	NO
				***************************************	YES	NO
4.	A. DID YOU HAVE JOINT BUSINESS CHARGE ACCOUNTS IN STORES?				YES	NO
	B. IF "YES," GIVE THE NAMES AND A NAME OF PERSON OR STORE	minimum promise and the second	PERSONS OR STORE DDRESS		OF TRANSAC	TION
5.	. A. HOW DID YOU INTRODUCE THE P BUSINESS ACQUAINTANCES AND		YOU WERE LIVING T	O RELATIVES, F	RIENDS, NEIG	HBORS,
	B. HOW DID THAT PERSON INTRODU AND OTHERS?	JCE YOU TO RELATIV	es, friends, neigh b	ORS, BUSINESS	ACQUAINTA	NCES
16.	HOW WAS MAIL ADDRESSED TO YO	OU?				
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LIST BELOW YO	OUR CLOSEST RELATIV	ES (other than chil	dren) WHO KNEW	OF YOUR RELA	TIONSHIP:			
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of your marriage	. If you object to our c							
your objections	<i>j</i> .							
			version (Million of the contract of the contra					
A. DID YOU EVI	ER LIVE WITH ANY OT	HER PERSON AS H	IUŞBAND AND WI	FE?	YES NO			
		VEORMATION:						
B. IF "YES," GI	VE THE FOLLOWING IN			# 4 · · 1 · · 4 · ·	8 7Ms			
B. IF "YES," GI	VE THE FOLLOWING IF Kind of Relationship (Ceremonial, etc.)	Name of P	erson Ho	w Relationship Ended	Date and Place Relationship Ended			
	Kind of Relationship		erson Hc	•				
	Kind of Relationship		erson Ho	•				
	LIST BELOW YOU LIST BELOW THE WHO KNEW OF One or more of of your marriage your objection(s	LIST BELOW YOUR CLOSEST RELATIVE NAME LIST BELOW THE CLOSEST RELATIVE WHO KNEW OF YOUR RELATIONSHIP One or more of the employers and/or re of your marriage. If you object to our of your objection(s).	LIST BELOW YOUR CLOSEST RELATIVES (other than chill NAME ADD LIST BELOW THE CLOSEST RELATIVES OF THE PERSON WHO KNEW OF YOUR RELATIONSHIP: One or more of the employers and/or relatives shown abo of your marriage. If you object to our contacting any of the your objection(s).	LIST BELOW YOUR CLOSEST RELATIVES (other than children) WHO KNEW NAME ADDRESS LIST BELOW THE CLOSEST RELATIVES OF THE PERSON WITH WHOM YO WHO KNEW OF YOUR RELATIONSHIP: One or more of the employers and/or relatives shown above may be contact of your marriage. If you object to our contacting any of the above, please lie your objection(s).	LIST BELOW YOUR CLOSEST RELATIVES (other than children) WHO KNEW OF YOUR RELATIVES OF THE PERSON WITH WHOM YOU WERE LIVING WHO KNEW OF YOUR RELATIONSHIP: One or more of the employers and/or relatives shown above may be contacted regarding known of your marriage. If you object to our contacting any of the above, please list the name(s) are			

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The following revised PRA Statement will be inserted 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 <u>Paperwork Reduction Act of 1995</u>. 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 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 <u>only</u> comments relating to our time estimate to this address, not the completed form.

Privacy Act Notice

Marital Relationship Questionnaire

Section 216(h), of the Social Security Act, as amended, authorizes us to collect this information. We will use this information to make a determination on your claim.

Furnishing us this information is voluntary. However, failure to provide all or part of the information could prevent us from making an accurate and timely decision on your benefit eligibility.

We rarely use the information you supply for any purpose other than for making a determination relating to benefit eligibility. 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 Systems of Records Notices entitled, Claims Folder Record, 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.