

Statement Regarding Marital Status

RRB Claim No.:

Employee's SS No.:

Employee's Name:

Paperwork Reduction Act / Privacy Act Notices

The Railroad Retirement Board is authorized to collect the information on this form under Section 7(b)(6) of the Railroad Retirement Act of 1974. The information will be used to determine entitlement to benefits under this Act. You are not required to provide this information. However, your failure to do so may result in loss of benefits for the applicant. Your cooperation in furnishing the information is, therefore, very much appreciated.

We estimate this form takes an average of 15 to 20 minutes per response to complete, including the time for

reviewing the instructions, getting the needed data and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.

INSTRUCTIONS: Unless you are told to skip and go to another item, all questions must be answered or marked "Unknown." Type or print legibly in ink. If you need more space than is provided to answer a question, use Item 15, Remarks, for this purpose.

1	Your Full Name	Name at Birth (If Different)			
2	Name of Marriage Partner				
3	Did you ever live with anyone else as husband and wife?		<input type="checkbox"/> Yes — Go to Item 3a <input type="checkbox"/> No — Go to Item 4		
	a Name of Person		Kind of Relationship (Ceremonial, etc.)		
	Date Relationship Started	How Relationship Ended	Date and Place Relationship Ended		
	b Name of Person		Kind of Relationship (Ceremonial, etc.)		
	Date Relationship Started	How Relationship Ended	Date and Place Relationship Ended		
4	Did the person you were living with ever live with anyone else as husband and wife?		<input type="checkbox"/> Yes — Go to Item 4a <input type="checkbox"/> No — Go to Item 5		
	a Name of Person		Kind of Relationship (Ceremonial, etc.)		
	Date Relationship Started	How Relationship Ended	Date and Place Relationship Ended		
	b Name of Person		Kind of Relationship (Ceremonial, etc.)		
	Date Relationship Started	How Relationship Ended	Date and Place Relationship Ended		
5	Enter when and why you and the marriage partner separated.			Month	Year

6	a Did the marriage partner ever attempt to end your marriage by divorce or annulment proceedings?	<input type="checkbox"/>	Yes — Go to Item 6b				
		<input type="checkbox"/>	No — Go to Item 7				
	b Were you served with a notice of such proceedings?	<input type="checkbox"/>	Yes — Go to Item 6c				
		<input type="checkbox"/>	No — Go to Item 6d				
	c Enter the City and State where the notice was served.	Go to Item 7					
	d Enter when and how you learned of the attempt to end your marriage.	Month	Year				
7 Enter why you know or believe that your marriage to the marriage partner was or was not terminated by divorce or annulment.							
8	a To your knowledge, is the marriage partner deceased?	<input type="checkbox"/>	Yes — Go to Item 8b				
		<input type="checkbox"/>	No — Go to Item 9				
	b Enter the marriage partner's date and place of death.			Go to Item 10			
	Month	Year	City				
			State				
9	a Do you know where the marriage partner can be located?	<input type="checkbox"/>	Yes — Go to Item 9b				
		<input type="checkbox"/>	No — Go to Item 9c				
	b Enter the marriage partner's address below.			Go to Item 10			
	Street	City	State				
	c Do you know of any person(s) who knows where the marriage partner can be located?	<input type="checkbox"/>	Yes — Go to Item 9d				
	<input type="checkbox"/>	No — Go to Item 10					
	d Enter the name and address of such person(s).						
	Name	Address					
	Name	Address					
10	10 Enter the following information about the marriage partner's closest blood relatives.						
	Name	Relationship	Address				
11	11 Where and when did you live after your separation from the marriage partner?						
	City or Town	County	State	From		To	
				Month	Year	Month	Year

12	a Do you know of anyone who can furnish a statement about the places where you lived after your separation from the marriage partner?	<input type="checkbox"/> Yes — Go to Item 12b <input type="checkbox"/> No — Go to Item 13a
	b Will you have such person(s) complete Form G-238, <i>Statement of Residence</i> , and forward it to the Railroad Retirement Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Do you know where the marriage partner lived after your separation?	<input type="checkbox"/> Yes — Go to Note and Item 14a <input type="checkbox"/> No — Go to Item 14a
Note: Complete Form G-238, Statement of Residence , and forward it to the Railroad Retirement Board.		
14	a Do you know of anyone (relatives or friends) who can furnish a statement about where the marriage partner lived after your separation?	<input type="checkbox"/> Yes — Go to Item 14b <input type="checkbox"/> No — Go to Item 15
	b Will you have such person(s) complete Form G-238, <i>Statement of Residence</i> , and forward it to the Railroad Retirement Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Remarks: Use this space for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this space to enter any additional information that you feel may be important to include. If you need more space, use the back of this page.	
16	Certification: Failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both. I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for withholding information to cause or prevent payment of benefits by the RRB. I affirm that to the best of my knowledge, the information I have given is true, complete, and correct.	
	Signature of person making statement	Date (Month, Day, Year)
	Signature (First Name, Middle Initial, Last Name)	Daytime Telephone Number ()
	Mailing Address (Number and Street, Apt. No., P.O. Box, etc.)	
	City and State	ZIP Code County (if any)
17	If the certification is signed by mark (X) in Item 16, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.	
	a. Signature of Witness	b. Signature of Witness
	Address (Number and Street, City, State and ZIP Code)	Address (Number and Street, City, State and ZIP Code)
	Daytime Telephone Number ()	Daytime Telephone Number ()