

REQUEST FOR PROOF(S) FROM CUSTODIAN OF RECORDS

DATE: \_\_\_\_\_  
Number Holder: \_\_\_\_\_

Unit Number: \_\_\_\_\_

TO: CUSTODIAN OF RECORDS

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Code

• Please furnish a **certified copy** of your record or a Letter of No Record of the following event(s):

- Marriage
- Divorce
- Death

See page 2 for details. Include this form with your response.

• **Verification of Requester's Identity (if required)**

Proof of the requester's identity is attached.

• The document is needed for Social Security Administration purposes.

• Enclosed is \$ \_\_\_\_\_ in the form of:

- Personal Check
- Certified Check
- Money Order
- Credit Card (Type, Number, Expiration Date, Name as shown on card) \_\_\_\_\_
- Other (specify) \_\_\_\_\_
- No Fee Required

**Do not send cash.**

• Please send the document(s) to (check one):

The Social Security Office OR  
(Please Print)

My address below  
(Please Print)

Social Security Administration

Attention: \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
City State ZIP Code

I authorize the disclosure of the requested information to the Social Security Administration.

NAME OF REQUESTOR	RELATIONSHIP TO PERSON ON RECORD	SIGNATURE OF REQUESTOR

- The following information may assist you in locating the correct record:

### DEATH RECORD

Full Name of Deceased (first, middle, last) \_\_\_\_\_  
Date of Death (month, day, year) \_\_\_\_\_  
Sex \_\_\_\_\_ State of Birth \_\_\_\_\_  
Place of Death (city, county if known, state) \_\_\_\_\_

- If unable to locate record, please indicate years searched and sign. \_\_\_\_\_

### MARRIAGE RECORD

Name of Groom or Party 1 (first, middle, last) \_\_\_\_\_  
Date of Birth (month, day, year) \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Name of Bride or Party 2 (first, middle, last) \_\_\_\_\_  
Date of Birth (month, day, year) \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Date of Marriage (month, day, year) \_\_\_\_\_  
If date unknown, year(s) to be searched \_\_\_\_\_  
County that issued license \_\_\_\_\_  
County and state where marriage occurred \_\_\_\_\_

If checked, please include age or birth date of \_\_\_\_\_ as shown on the marriage record.

- If unable to locate record, please indicate years searched and sign. \_\_\_\_\_

### DIVORCE RECORD

Name of Husband or Party 1 (first, middle, last) \_\_\_\_\_  
Date of Birth (month, day, year) \_\_\_\_\_  
Name of Wife or Party 2 (first, middle, maiden) \_\_\_\_\_  
Date of Birth (month, day, year) \_\_\_\_\_  
Date of Divorce (month, day, year) \_\_\_\_\_  
If date unknown, year(s) to be searched \_\_\_\_\_  
County and state where divorce occurred \_\_\_\_\_

- If unable to locate record, please indicate years searched and sign.

**Privacy Act Statement** - Section 205(a) of the Social Security Act as amended [42 U.S.C. 405(a)], authorizes us to collect this information. The information you provide will allow us to determine eligibility for benefits of a person who is applying for Social Security or Supplemental Security Income benefits. Your response is voluntary, however, your failure to complete this form may prevent us from making an accurate or timely decision on the named person's eligibility for benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. 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 the following: 1. To enable a third party or an agency to assist in the administration of Social Security in establishing rights to Social Security benefits; 2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Department of Justice, Department of Health and Human Services, Department of State, Records Administration, and the Department of Veterans Affairs); 3. To assist in the administration of Social Security maintenance programs at the Federal, State, and local level; and 4. 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 in computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. Information from these matching agencies 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 Folder System, 60-0089, and Supplemental Security Income Record, and Veterans Benefits, 60-0103. The notices, additional information regarding this form, and information regarding our system and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local 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 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. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778) for the address. 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.**

## **Privacy Act Statement Collection and Use of Personal Information**

Section 205(a) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to determine eligibility of benefits for Social Security or Supplemental Security Income applicants.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on any claim filed.

We rarely use the information you supply us for any purpose other than to make a determination regarding eligibility for benefits. However, we may use it for the administration and integrity of our programs. We may also disclose the information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

1. To enable a third party or agency to assist us in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from our 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 our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We also may use the information you give us in computer matching programs. Matching programs compare our records with records kept by other Federal, State and local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you provided us is available in our Systems of Records Notices entitled, Claims Folder System, 60-0089 and Supplemental Security Income Record, and Special Veterans Benefits, 60-0103. Additional information about these and other system of records notices and our programs are available online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.