DATE:	Unit Number:				
Number Holder:			TO: CUSTODIAN OF RECORDS Address Address		
			City	State	ZIP Code
 Please furnish a certified copy event(s): Marriage Divorce Death See page 2 for details. Include 	de this form with	your resp	of No Record		
 Verification of Requester's Ide Proof of the requester's ide 	•				
•The document is needed for S	ocial Security Adr	ministratio	on purposes.		
	er, Expiration Dat	e, Name			
Other (specify)					
☐ No Fee RequiredDo not send cash.					
 Please send the document(s) 	to (check one):				
☐ The Social Security Office (Please Print) Social Security Administration		<u></u> (P	ly address belo lease Print)		
Attention:	_	Name _			
Address	_	Addres	Address		
Address		Addres	Address		
City State ZIP Co	ode	City	State	ZIP (Code
☐ I authorize the disclosure of	the requested inf	ormation	to the Social S	Security	Administrat
NAME OF REQUESTOR	RELATIONSHIP TO ON RECORD	PERSON	SIGNATURE OF	REQUES	ΓOR

DEATH RECORD Full Name of Deceased (first, middle, last) Date of Death (month, day, year) 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 inc See revised
Social Security in establishing rights to Social Sec Privacy Act Information from Social Security records (e.g., to Statement below.

See revised

Following: 1. To enable a third party or an agency to assist provided to a social security or an agency to assist provided to a social security in establishing rights to Social Security Act Privacy Act Statement below. 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

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

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 our system and programs, are available on-line at 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. 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 or at your local Social Security office.