

**MARRIAGE CERTIFICATION**

**SEE PAPERWORK/PRIVACY  
ACT NOTICE ON REVERSE.**

PRINT NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

SOCIAL SECURITY NUMBER

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

I am the spouse of the person named below, who has applied for insurance benefits under Title II of the Social Security Act, as presently amended.

NAME OF SPOUSE (First Name)

(Maiden Name, if applicable)

(Last Name)

1. Indicate whether your present marriage was performed by:

Clergyman or Authorized Public Official  Other (Explain)

2. Were you married before your present marriage?

Yes (If "yes", give the following information about each of your previous marriages.)  No

P M R A E R V R I I O A U G S E	TO WHOM MARRIED	WHEN (Month, Day, Year)	WHERE (City and State)
	HOW MARRIAGE ENDED	WHEN (Month, Day, Year)	WHERE (City and State)
	MARRIAGE PERFORMED BY: <input type="checkbox"/> Clergyman or Public Official <input type="checkbox"/> Other (Explain in "REMARKS")	SPOUSE'S DATE OF BIRTH (or age)	GIVE DATE OF DEATH IF SPOUSE IS DECEASED
	Spouse's Social Security Number (If none or unknown, so indicate)  _____ / ____ / _____		

P M R A E R V R I I O A U G S E	TO WHOM MARRIED	WHEN (Month, Day, Year)	WHERE (City and State)
	HOW MARRIAGE ENDED	WHEN (Month, Day, Year)	WHERE (City and State)
	MARRIAGE PERFORMED BY: <input type="checkbox"/> Clergyman or Public Official <input type="checkbox"/> Other (Explain in "REMARKS")	SPOUSE'S DATE OF BIRTH (or age)	GIVE DATE OF DEATH IF SPOUSE IS DECEASED
	Spouse's Social Security Number (If none or unknown, so indicate)  _____ / ____ / _____		

REMARKS: (Use this space and the reverse of this form for information about any other previous marriages, if necessary)

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

SIGNATURE OF WAGE EARNER OR SELF-EMPLOYED PERSON

DATE (Month, Day, Year)

SIGNATURE (First Name, Middle Initial, Last Name) (Write in ink.)

**SIGN  
HERE**

TELEPHONE NUMBER (Area Code)

MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, or Rural Route)

CITY

STATE

ZIP CODE

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 wage earner or self-employed person must sign below, giving their full addresses.

1. SIGNATURE OF WITNESS

2. SIGNATURE OF WITNESS

ADDRESS (Number and Street, City, State and ZIP Code)

ADDRESS (Number and Street, City, State and ZIP Code)

See Revised Privacy Act Statement and PRA

~~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. The information you provide will be used to determine the identity of your spouse.~~

~~The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from paying benefits to your spouse.~~

~~We rarely use the information you supply for any purpose other than for determining the identity of a spouse. 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 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 5 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.**~~

***SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:***

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

Sections 202(b) and (c), 205(a), and 216(h)(1)(A) and (B) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to determine the identity of a spouse and benefits entitlement, when the spouse of a worker files for benefits separately from the worker.

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 for spouse determination and benefits eligibility. However, we may use the information for the administration of our programs including sharing information:

1. 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); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice 60-0089, entitled, Claims Folder System. Additional information about this and other system of records notices and our programs is available online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State or 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.

***SSA will insert the following revised PRA Statement 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 Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***