

# LETTER TO CUSTODIAN OF BIRTH RECORDS

Claim Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Custodian of Record: Please complete, sign and date part 5 of this form, include your seal if you have one, and return the form to requester/SSA.**

## PART 1 - TO BE COMPLETED BY REQUESTER

Sir/Madam:

I/  the Social Security Administration (Check One) need(s) to establish a date of birth for SSA purposes. I request a certified  copy/  certification/  verification (Check One) of your record showing the date of birth based on:

The information below; or

The document attached.

Full Name at Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth (Month, Day, Year): \_\_\_\_\_

Place of Birth (City, County, and State): \_\_\_\_\_

Mother's Maiden Name (First, Full Middle, Last): \_\_\_\_\_

Father's Name (First, Full Middle, Last): \_\_\_\_\_

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

Print Full Name \_\_\_\_\_

Relationship to Above Person (e.g., Self, Authorized Applicant) \_\_\_\_\_

Phone Number with Area Code \_\_\_\_\_

## PART 2 - NOTARIZATION OF REQUESTER'S SIGNATURE (If Required)

Notary Public should use the space below for notarization and placement of seal.

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PART 3 - PAYMENT INFORMATION**

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

- Personal Check
- Certified Check
- Money Order
- Credit Card (Type, Number, Expiration Date) \_\_\_\_\_
- No Fee Required
- Other

**DO NOT SEND CASH.**

**PART 4 - COMPLETED BY SSA OFFICIAL TO INDICATE RETURN ADDRESS/TO VERIFY  
REQUESTER'S IDENTITY**

Signature	Social Security Office Name
Print Name and Title	Office Address
Office Telephone Number with Area Code	

Extension  
**Verification of Requester's Identity (If Required)**

I verified the requester's identity. The requester submitted the following as evidence of his/her identity:

**PART 5 - TO BE COMPLETED BY RECORDS CUSTODIAN OR OFFICIAL**

Choose option A, B, or C.

- A.  Certified Birth Record Attached
- B.  Certification/Verification of Birth Record
- I verify the information on the document submitted.
- I certify the information provided below.

Name As Shown on the Record	Date of Birth or Age
Type of Birth or Religious Record	<input type="checkbox"/> Last <input type="checkbox"/> Next <input type="checkbox"/> Nearest <input type="checkbox"/> Not Given
If Age, As of Which Birthday?	Date of the Record
Place of Birth	Mother's Full Name
Father's Full Name	

Remarks

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**C .  Negative Certification/Verification**

I searched for a  birth/  religious (Check One) record for the person named in Part 1 and found no record for him/her for the year(s)

**D .  Signature and Seal**

Please sign and date, indicate your title, provide address, and affix seal if you have one or indicate that no seal exists. **Return to requester or SSA, as indicated on page 1.**

<b>Signature</b>	<b>Address</b>
<b>Title</b>	
<b>Date</b>	
<b>No Seal</b>	
<b>Affix Seal</b>	

**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 on this form to determine the age and/or citizenship of a person who is applying for Social Security or Supplemental Security Income benefits.

Completion of this form is voluntary; however, if you do not complete this form, it may delay the determination of that person's eligibility for benefits.

We rarely use this information you supply for any purpose other than for determining continuing 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.

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 our System of Records Notices entitled Claims Folders Systems (60-0089) and the Master Beneficiary Record (60-0090). The notices, additional information regarding this form, routine uses of information, and our programs and systems are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

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**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 only comments relating to our time estimate above to:** SSA, 6401 Security Blvd., Baltimore, MD 21235-6401