Statement Regarding Divorce or Annulment

RRB Claim No.:	
Employee's SS No.:	_
Employee's Name:	

Paperwork Reduction Act and 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.

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 1275

re	esponse to complete, including the	e i	Street, Chicago, minois of	0011-1273.			
	Part 1 To be completed by	Applicant					
To: (Name and Address—Custodian of Records)			From: (Name and Address—Applicant)				
	To support my application for benef divorce was obtained. Please check						
	Period(s) for which records are to be checked		Name of parties to divorce or annulment action (include other names by which these parties may have been known)				
	From To	,	and		·		
1			and				
			and				
			and				
Sig	Part 2 To be completed by	/ Custodian of Records			Date		
1 Were the divorce and annulment records checked for the entire period(s) shown above? Yes No If "No," explain:							
2	Was a record of a divorce or annula	ment action found?			es No		
	If "Yes," show the date and type of			_	_		
	Date:	Type of Decree:					
3	Remarks						
	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.						
Sig	nature and Title				Date		