
REQUEST FOR DECEASED INDIVIDUAL'S SOCIAL SECURITY RECORD

*Use This Form If You Need

1. Photocopy of Original Application for a Social Security Card (SS-5).

OR

2. Computer extract of Social Security Card Application.
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INFORMATION ABOUT YOUR REQUEST

- **How Do I Get This Information?**

Complete page 2 of this form to tell us what information you want. Photocopy page 2 for multiple requests.

- **Is There A Fee For This Information? Yes**

Photocopy of Original Application for Social Security Card (SS-5)

If SSN of deceased individual is provided, the fee is \$27.00.

If SSN of deceased individual is not provided, the fee is \$29.00.

Computer Extract of SS-5 (May not contain the names of the individual's parents and the place of birth)

If SSN of deceased individual is provided, the fee is \$16.00.

If SSN of deceased individual is not provided, the fee is \$18.00.

Certified copy is provided for an **additional fee** of \$10.00 (See instructions below)

- **SSN Search required.**

Complete as much information as possible in Blocks 4 and 5, if the deceased individual's SSN is unknown.

- **When Is Certification required?**

Certification is usually not necessary unless you plan to use the information in court.

- **Method of Payment.**

Payment can be made with a **credit card** by completing the attached Form SSA-714 and returning it with your request(s) form. You may also pay with a **check or money order** (Name, Address and Phone Number must appear on Check). Enclose one check or money order for the **entire fee required** (total from request(s)). **DO NOT SEND CASH.**

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PROCESSING LIMITATIONS: A Request for information **CANNOT** be processed for:

INDIVIDUALS WHO DIED BEFORE NOVEMBER 1936.

INDIVIDUALS BORN BEFORE 1865 (unless you furnish a Social Security Number (SSN)).

INSTRUCTIONS: PRINT OR TYPE ALL DATA. SIGN IN INK. ALLOW 4-6 WEEKS FOR A REPLY.

If you have any questions regarding completion of this form call 1-800-772-1213.

1. Request for photocopy of Original Application for Social Security Card (SS-5). Enter, \$27.00, if SSN of deceased individual is provided	A. \$	0.00
Enter \$29.00, if SSN of deceased individual is not provided	B. \$	0.00
2. Request for Computer extract of Social Security Number Application. Enter, \$16.00, if SSN of deceased individual is provided	C. \$	0.00
Enter, \$18.00, if SSN of deceased individual is not provided	D. \$	0.00
3. If Certification is required, enter an additional \$10.00	E. \$	0.00
Add the amounts from Lines A through E and enter TOTAL on Line F	F. \$	0.00

Paying with a **CREDIT CARD**, complete and return Form SSA-714 attached, or Enclose your **CHECK** or **MONEY ORDER** for the amount on line **F** payable to "Social Security Administration." **DO NOT SEND CASH. DO NOT SEND SELF-ADDRESSED STAMPED ENVELOPE.**

4. DECEASED INDIVIDUAL'S INFORMATION (COMPLETE AS MUCH INFORMATION AS POSSIBLE)

Name of Individual at birth (first, middle, last name)

Name(s) of Individual (if other than above/other name(s) used)

Check Sex

M F

Social Security Number

Date of birth (mo, day, yr)

Place of Birth (City, State or Foreign Country)

5. DECEASED INDIVIDUAL'S PARENTS' INFORMATION (if SSN of deceased individual is not provided, please complete this section) (Complete as much information as possible)

Mother's (Maiden) Name at birth (first, middle, last name)

Mother's married name(s)

Father's Name (first, middle, and last name)

6. REQUESTER'S INFORMATION (PLEASE READ PRIVACY ACT STATEMENT BEFORE COMPLETING THIS SECTION)

Printed Name of Requester (first, middle, last name)

Signature (do not print unless this is your usual signature)

Date

Street Address

City, State, and ZIP Code

Telephone Number

Fax Number

E-Mail Address

8. Forward Request to: **SSA OEIO DEBS FOIA**
PO BOX 33022
BALTIMORE MD 21290-3022

9. Forward Express Mail to: **SSA OEIO DEBS FOIA**
6100 Wabash Ave.
Baltimore MD 21215

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

The Freedom of Information Act at 5 U.S.C. § 552 and our regulations at 20 C.F. R. § 402.130 authorize us to collect this information. We will use this information to respond to your request.

Furnishing us the information is voluntary. However, failing to provide us with all or part of the requested information may prevent us from accurately responding to your request.

We rarely use this information for any purpose other than to respond to requests for our information. 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 a Congressional office requesting information on your behalf;
2. To the Department of Justice (DOJ) for use in representing the Federal Government;
3. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and the Department of Veterans' Affairs);
4. To facilitate statistical research, audit and investigatory activities necessary to assure the integrity and improvement of Social Security programs.

A complete list of routine uses of this information is available in our Privacy Act Systems of Records Notices, 60-0340, Electronic Freedom of Information Act (eFoia) System. This notice, additional information regarding our programs and systems, are available online 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 (OMB) control number. We estimate that it will take about 7 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.**