

Electronic Information of Freedom Act



Request for Deceased Individual's Social Security Record

Use This eForm If You Need

Photocopy of Original Application for a Social Security Card (SS-5), or
Computer extract of Social Security Card Application.

Information About Your Request

How Do I Get This Information?

Complete the eForm request for deceased individual's Social Security record (Form SSA-711) to tell us what information you want.

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 name 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.

Photocopy of Original Application for Social Security Card (SS-5) Complete as much information as possible under the Deceased Individuals and Parents Information sections, 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 online with a **credit card** by completing the credit card information. When you have completed the eForm, select the **Pay Now** button. You will receive an electronic confirmation and a reference number of your successful transaction.

You may also choose to print and mail in your request.

If you mail your request, you may pay by **credit card** using form SSA-714 (Link to SSA-

714) or with a **check or money order** (Name, Address and Phone Number must appear on check. Name, Account Number and expiration date must be provided for credit card payment). Enclose one check or money order or provide your credit card information for the **entire fee required** (total from request(s)). **DO NOT SEND CASH.**

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

Forward Express Mail to:
SSA OEIO DEBS FOIA
6100 WABASH AVE 
BALTIMORE, MD 21215

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