

Request For Proof(s) From Custodian of Records

Date:

Unit Number:

To: Custodian of Records

Address

Address

City State ZIP Code

• Please furnish a **certified copy** of your record or Letter of No Record of the following event(s):

- Marriage
- Divorce
- Death

• **Verification of Requester's Identity (if required)**

Proof of the requester's identity is attached.

• The document is needed for Social Security Administration purposes.

• Enclosed is \$ _____ in the form of:

- Personal Check
- Certified Check
- Money Order
- Credit Card (Type, Number, Expiration Date, Name as shown on the card)

Other (specify) _____

No Fee Required

Do Not Send Cash

• Please send the document(s) to (check one):

The Social Security Office
(Please Print)

OR

My address below
(Please Print)

Social Security Administration

Attention: _____

Name: _____

Address

Address

Address

Address

City State ZIP Code

City State ZIP Code

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

NAME OF REQUESTOR

RELATIONSHIP TO PERSON ON RECORD

SIGNATURE OF REQUESTOR

-
- The following information may assist you in locating the correct record:

Death Record

Full Name of Deceased (first, middle, last) _____

Date of Death (month, day, year) _____

Sex _____ State of Birth _____

Place of Death (city, county if known, state) _____

- If unable to locate record, please indicate years searched and sign _____

Marriage Record

Name of Groom or Party 1 (first, middle, last) _____

Date of Birth (month, day, year) _____

Place of Birth _____

Name of Bride or Party 2 (first, middle, last) _____

Date of Birth (month, day, year) _____

Place of Birth _____

Date of Marriage (month, day, year) _____

If date unknown, year(s) to be searched _____

County that issued license _____

County and state where marriage occurred _____

- If unable to locate record, please indicate years searched and sign. _____

Divorce Record

Name of Husband or Party 1 (first, middle, last) _____

Date of Birth (month, day, year) _____

Name of Wife or Party 2 (first, middle, last) _____

Date of Birth (month, day, year) _____

Date of Divorce (month, day, year) _____

If date unknown, year(s) to be searched _____

County and state where divorce occurred _____

- If unable to locate record, please indicate years searched and sign. _____

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 to determine eligibility of benefits for Social Security or Supplemental Security Income applicants.

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 to make a determination regarding eligibility for benefits. However, we may use it for the administration and integrity of our programs. We may also disclose the information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

1. To enable a third party or agency to assist us in establishing rights to Social Security benefits and/or coverage;
2. 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);
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 our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We also may use the information you give us in computer matching programs. Matching programs compare our records with records kept by other Federal, State and 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.

A complete list of routine uses of the information you provided us is available in our Systems of Records Notices entitled, Claims Folder System, 60-0089 and Supplemental Security Income Record, and Special Veterans Benefits, 60-0103. Additional information about these and other system of records notices and our programs are available online at 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 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's web site at www.socialsecurity.gov. Offices are also listed under U.S. Governments agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778) for the address.** *You may send comments on our time estimates 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.*