

## 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 **\$21,00**

If SSN of deceased individual is not provided, the fee is **\$21,00**

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 **\$27,00**

If SSN of deceased individual is not provided, the fee is **\$27,00**

Certified copy is provided for an **additional fee of \$33,00** (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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## 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](http://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.