

*SSA will insert the following revised Privacy Act and PRA Statements into the form as soon as possible:*

**Privacy Act Statement  
Collection and Use of Personal Information**

Section 202 of the Social Security Act and Sections 20 CFR 404.715 and 20 CFR 404.720 of the Code of Federal Regulations allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may delay accurate and timely determinations concerning the death of the individual named, and survivors who may be eligible for Social Security benefits.

We will use the information to establish proof of death for the insured worker; to determine if the insured individual was receiving any pre-death benefits SSA needs to terminate; and to determine which surviving family member is eligible for the lump-sum death payment or other death benefits. We may also share your information for the following purposes, called routine uses:

1. To applicants or claimants, prospective applicants or claimants (other than the data subject), their authorized representatives or representative payees to the extent necessary to pursue Social Security claims, and to representative payees, when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting the Social Security Administration in administering its representative payment responsibilities under the Act and assisting the representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees.
2. To a State Bureau of Vital Statistics (BVS) that is authorized by States to issue electronic death reports when the State BVS requests that we verify the SSN of a person on whom the State will file an electronic death report after we verify the SSN.
3. To the Department of the Treasury to prepare Supplemental Security Income (SSI), Energy Assistance, and Special Veterans Benefits (SVB) checks to be sent to claimants or beneficiaries.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, Master Files of Social Security Number (SSN) Holders and SSN Applications; 60-0090, Master Beneficiary Record; and 60-0103, Supplemental Security Income Record and Special Veterans Benefits. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

**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 4 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate 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.*