SOCIAL SECURITY ADMINISTRATION	TOE 120/42	Form Approved 0 OMB No. 0960-0009				
MARRIAGE CE	SEE PAPERWORK/PRIVACY ACT NOTICE ON REVERSE.					
PRINT NAME OF WAGE EARNER OR	SOCIAL SECURITY NUMBER					
I am the spouse of the person named below, who has applied for insurance benefits under Title II of the Social Security Act, as presently amended.						
NAME OF SPOUSE (First Name)	(Maiden Name, if applicable)	(Last Name)				
1. Indicate whether your present marriage was performed by:						
Clergyman or Authorized Public Official Other (Explain)						
2. Were you married before your present marriage?						
Yes	□ No					
(If "yes", give the following information about each of your previous marriages.)						
PREVIOUS MARRIAGE						
TO WHOM MARRIED	WHEN (Month, Day, Year)	WHERE (City and State)				
HOW MARRIAGE ENDED	WHEN (Month, Day, Year)	WHERE (City and State)				
MARRIAGE PERFORMED BY:	SPOUSE'S DATE OF BIRTH (or age	GIVE DATE OF DEATH IF SPOUSE IS DECEASED				
Other (Explain in "REMARKS")						
Spouse's Social Security Number (If none or unknown, so indicate)						
PREVIOUS MARRIAGE						
TO WHOM MARRIED	WHEN (Month, Day, Year)	WHERE (City and State)				
HOW MARRIAGE ENDED	WHEN (Month, Day, Year)	WHERE (City and State)				
MARRIAGE PERFORMED BY: Clergyman or Public Official Other (<i>Explain in</i> " REMARKS ")	SPOUSE'S DATE OF BIRTH (or age	GIVE DATE OF DEATH IF SPOUSE IS DECEASED				
Spouse's Social Security Number (If none or unknown, so indicate)						

REMARKS: (Use this space and the reverse of this form for information about any other previous marriages, if necessary)

SIGNATURE OF WAGE EARNER OR SELF-EMPLOYED PERSON DATE (Month, Day, Year) SIGNATURE (First Name, Middle Initial, Last Name) (Write in ink.) TELEPHONE NUMBER (Area Code) MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, or Rural Route) TELEPHONE NUMBER (Area Code) CITY STATE ZIP CODE Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the wage earner or self-employed person must sign below, giving their full addresses. 1. SIGNATURE OF WITNESS 2. SIGNATURE OF WITNESS ADDRESS (Number and Street, City, State and ZIP Code) ADDRESS (Number and Street, City, State and ZIP Code) MILLING ADDRESS (Number and Street, City, State and ZIP Code) ADDRESS (Number and Street, City, State and ZIP Code) More and Street, City, State and ZIP Code) ADDRESS (Number and Street, City, State and ZIP Code) More and Street, City, State and ZIP Code) ADDRESS (Number and Street, City, State and ZIP Code) Section 205(d) of the Social Security Act, as amended, [42 U.S.C. 405(a)] authorizes us to[collect this information. We will use the information you supply for any purpose other than for determining the identity of a spuse. However, we may also disclose information to another agency to associal Security programs. We may also disclose information to another agency to associal Security programs. We may also disclose information to another agency to associal Security programs. Secial Securit	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.					
SIGNATURE (First Name, Middle Initial, Last Name) (Write in ink.) TELEPHONE NUMBER (Area Code) MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, or Rural Route) TELEPHONE NUMBER (Area Code) CITY STATE ZIP CODE Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the wage earner or self-employed person must sign below, giving their full addresses. 1. SIGNATURE OF WITNESS 1. SIGNATURE OF WITNESS 2. SIGNATURE OF WITNESS ADDRESS (Number and Street, City, State and ZIP Code) ADDRESS (Number and Street, City, State and ZIP Code) ADDRESS (Number and Street, City, State and ZIP Code) Section 205(d) of the Social Security Aci, as amended, [42 U.S.C.405(d)] authorizes us topollect this information. We will use the information you provide to help us determine the identity of your spouse. The information you furnish on this formation you provide to help us determine the identity of your spouse. The information you furnish on this formetion you supply for any purphes other that for determining the identity of a spouse. However, we may also disclose information to another person prio to another agency in accordance with approved routine uses, which include but are no limited to the following: 1. 1. penable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage?. To comply with Federal laws requiring the release of information from Social Security penefits and/or coverage?. To comply with Pederal laws requiring the released of information from Social Security penefits and/or coverage?. T	SIGNATURE OF WAGE EARNER OR S	SELF-EMPLOYED	PERSON	DATE (Month, Day, Year)		
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Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the <u>Paperwork Reduction Act of 1995</u> . 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 5 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 website at 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	Section 205(d) of the Social Security Activity use the information you provide to here form is voluntary. However, failure to prospouse. See Revised We rarely use the information you supply we may use it for the administration and another person or to another agency in a following: 1. To enable a third party or an agency the coverage; 2. To comply with Federal law Government Accountability Office and D similar health and income maintenance presearch and audit activities necessary the Bureau of the Census and private entities We may also use the information you provide to the federal, state programs to establish or verify a person' repayment of incorrect payments or delir A complete list of routine uses for this information regarding our systems, 60-0089 and Master B form, and information regarding our systems and private entities. Paperwork Reduction Act Statement amended by Section 2 of the Paperwork and and the facts, and an the instructions, gather the facts, and an the instructions, gather the facts, and an the instructions of the security office.	ction and Use of , as amended, [42 I alp us determine the vide the requested d Privacy Act Sta y for any purpose of integrity of Social S accordance with app o assist Social Sect y requiring the release or against the Fect o assure the integri s under contract with ovide in computer m or local governme s eligibility for Fede nquent debts under formation is available eneficiary Record 6 ems and programs, - This information cc <u>Reduction Act of 19</u> d Budget control nu swer the questions. You can find your I Iso listed under U	Personal Inform J.S.C. 405(a)] autho identity of your spo information may pre itement Attached ther than for determine ecurity programs. We proved routine uses, urity in establishing r ase of information fro ans Affairs); 3. To may deral, state, and locat ty and implovement th us). The agencies. We use rally-funded or admit these programs. e in our Systems of 0-0090. The notices are available on-line oblection meets the r 295. You do not nee mber. We estimate SEND OR BRING ocal Social Securit S. Government agen	rizes us to collect this information. We use. The information you furnish on this vent us from paying benefits to your ining the identity of a spouse. However, /e may also disclose information to which include but are not limited to the ights to Social Security benefits and/or on Social Security records (e.g., to the ake determinations for eligibility in I level; and 4. To facilitate statistical of Social Security programs (e.g., to the Atching programs compare our records the information from these matching nistered benefit programs and for Records Notices entitled Claims , additional information regarding this e at <u>www.ssa.gov</u> or at any local Social equirements of 44 U.S.C. §3507, as d to answer these questions unless we that it will take about 5 minutes to read THE COMPLETED FORM TO YOUR y office through SSA's website at encies in your telephone directory or		

Form **SSA-3** (09-2015) uf (09-2015)