

**STATEMENT OF MARITAL RELATIONSHIP (By one of the parties)**

(Do not write in this space)

All items on this form requiring an answer must be answered or marked "Unknown."

I understand that the information given by me will be used in connection with an application filed for insurance benefits payable under Title II of the Social Security Act, as amended, based on the earnings of the wage earner or self-employed person named below.

**Privacy Act Notice:** Section 216(h), of the Social Security Act, as amended, authorizes us to collect this information. We will use this information to make a determination on your claim. Furnishing us this information is voluntary. However, failure to provide all or part of the information could prevent us from making an accurate and timely decision on your benefit eligibility. We rarely use the information you supply for any purpose other than for making a determination relating to benefit eligibility. 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 enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; 2. To comply with Federal laws requiring Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security Bureau of the Census and private concerns under contract to Social Security). We may also use the information for matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs. A complete list of routine uses for this information is available in Systems of Records Notices entitled, Claims Folder Record, 60-0089 and Master Beneficiary Record, 60-0090. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

See revised  
Privacy Act  
Statement

1. PRINT NAME OF WAGE EARNER OR SELF EMPLOYED PERSON	SOCIAL SECURITY NUMBER
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2. PRINT YOUR FULL NAME (First, middle initial, last)	3. NAME OF PERSON WITH WHOM YOU WERE LIVING:
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4. WHEN DID YOU BEGIN LIVING TOGETHER IN A HUSBAND AND WIFE RELATIONSHIP? <i>as spouses?</i>		WHERE DID YOU LIVE?	
MONTH	YEAR	CITY OR TOWN	STATE

5. A. DID YOU LIVE TOGETHER CONTINUOUSLY SINCE THAT TIME?  Yes  No  
If "No," give the periods of separation and the reasons why you did not live together.

*spouses*

B. Where have you lived together as ~~husband and wife~~ *spouses* and for what periods of time?

CITY OR TOWN	STATE	DATES	
		FROM	TO

6. DID YOU HAVE AN UNDERSTANDING AS TO YOUR RELATIONSHIP WHEN YOU BEGAN LIVING TOGETHER?  Yes  No  
*and the person you were living with have an understanding about your relationship when you began living together?*

A. If it was in writing, furnish a copy; if it was not in writing, what did you say to each other about your living together?

B. WAS THIS UNDERSTANDING LATER CHANGED?  Yes  No  
If "yes," what were the changes and when and why were they made?

7. DID YOU HAVE AN UNDERSTANDING AS TO HOW LONG YOU WOULD LIVE TOGETHER?  Yes  No  
If "yes," what did you say to each other about how long you would live together?  
*and the person you were living with have an understanding about how long you would live together?*

***SSA will insert the following revised PRA Statement into the form as soon as possible:***

**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 30 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.***

***SSA will insert the following revised Privacy Act Statement into the form as soon as possible:***

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

Section 216(h) of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on any claim filed.

We will use the information to determine your eligibility for benefits. We may also share your information for the following purposes, called routine uses:

1. To Federal, State or local agencies for administering cash or non-cash income maintenance or health maintenance programs; and
2. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration in the efficient administration of its programs.

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 Notices (SORN) 60-0089, entitled Claims Folders Systems, and 60-0090, entitled Master Beneficiary Record. Additional information and a full listing of all our SORNs are available on our website at [www.ssa.gov/privacy/sorn.html](http://www.ssa.gov/privacy/sorn.html).

8. A. DID YOU HAVE ANY UNDERSTANDING AS TO HOW YOUR RELATIONSHIP COULD BE ENDED?  Yes  No  
 B. IF "YES," WHAT DID YOU SAY TO EACH OTHER ON THIS SUBJECT?

9. A. DID YOU BELIEVE THAT YOUR LIVING TOGETHER MADE YOU LEGALLY MARRIED?  Yes  No  
 B. IF "YES," WHY DID YOU BELIEVE SO?

10. A. WAS THERE AN AGREEMENT OR PROMISE THAT A CEREMONIAL MARRIAGE WOULD ALSO BE PERFORMED IN THE FUTURE?  Yes  No  
 B. IF "YES," EXPLAIN WHY THE CEREMONY WAS NOT PERFORMED.

11. A. WERE ANY CHILDREN BORN OF THIS RELATIONSHIP?  Yes  No  
 B. IF "YES," LIST BELOW:

FULL NAME AT BIRTH	DATE OF BIRTH (OR AGE)	PLACE OF BIRTH

12. BY WHAT NAMES WERE YOU AND THE PERSON WITH WHOM YOU WERE LIVING KNOWN?

A. BEFORE YOU LIVED TOGETHER (MAN'S NAME) <i>Your name before you lived together</i>	B. BEFORE YOU LIVED TOGETHER (WOMAN'S NAME) <i>The person's name before you lived together</i>
C. SINCE YOU LIVED TOGETHER (MAN'S NAME) <i>Your name since you lived together</i>	D. SINCE YOU LIVED TOGETHER (WOMAN'S NAME) <i>The person's name before you lived together</i>
E. IF YOU BOTH DID NOT USE THE SAME LAST NAME AFTER YOU BEGAN LIVING TOGETHER, STATE THE REASONS.	

13. A. AFTER YOU STARTED LIVING TOGETHER, WERE THERE ANY TAX RETURNS FILED, DEEDS OR CONTRACTS EXECUTED, INSURANCE POLICIES TAKEN OUT, BANK ACCOUNTS OPENED UP, ETC?  Yes  No  
 B. IF "YES," GIVE THE FOLLOWING INFORMATION:

TYPE OF DOCUMENT	DATE MADE OUT	WERE YOU SHOWN AS THE OTHER'S HUSBAND/WIFE? <i>Spouse?</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

14. A. DID YOU HAVE JOINT BUSINESS DEALINGS WITH OTHER PERSONS OR JOINT CHARGE ACCOUNTS IN STORES?  Yes  No  
 B. IF "YES," GIVE THE NAMES AND ADDRESSES OF SUCH PERSONS OR STORES:

NAME OF PERSON OR STORE	ADDRESS	DATE OF TRANSACTION

15. A. HOW DID YOU INTRODUCE THE PERSON WITH WHOM YOU WERE LIVING TO RELATIVES, FRIENDS, NEIGHBORS, BUSINESS ACQUAINTANCES AND OTHERS?

B. HOW DID THAT PERSON INTRODUCE YOU TO RELATIVES, FRIENDS, NEIGHBORS, BUSINESS ACQUAINTANCES AND OTHERS?

16. HOW WAS MAIL ADDRESSED TO YOU *and the other person you were living with?*

17. LIST BELOW THE NAMES OF YOUR AND THE OTHER PERSON'S EMPLOYERS AND NEIGHBORS WHO KNEW OF YOUR RELATIONSHIP:


18. LIST BELOW YOUR CLOSEST RELATIVES (other than children) WHO KNEW OF YOUR RELATIONSHIP:

NAME	ADDRESS	RELATIONSHIP

19. LIST BELOW THE CLOSEST RELATIVES OF THE PERSON WITH WHOM YOU WERE LIVING (other than children) WHO KNEW OF YOUR RELATIONSHIP:

<i>NAME</i>	<i>Address</i>	<i>Relationship</i>

20. One or more of the employers and/or relatives shown above may be contacted regarding knowledge they may have of your marriage. If you object to our contacting any of the above, please list the name(s) and give the reason(s) for your objection(s).

*spouses*

21. A. DID YOU EVER LIVE WITH ANY OTHER PERSON AS ~~HUSBAND AND WIFE~~?  Yes  No

B. IF "YES," GIVE THE FOLLOWING INFORMATION:

Dates	Kind of Relationship (Ceremonial, etc.)	Name of Person	How Relationship Ended	Date and Place Relationship Ended

spouses

22. A. DID THE PERSON NAMED IN ITEM 3 EVER LIVE WITH ANYONE ELSE AS HUSBAND AND WIFE?  Yes  No

B. IF "YES," GIVE THE FOLLOWING INFORMATION:

Dates	Kind of Relationship (Ceremonial, etc.)	Name of Person	How Relationship Ended	Date and Place Relationship Ended

ANSWER ITEM 23 IF EITHER OF YOU HAD AN EARLIER CEREMONIAL OR COMMON-LAW MARRIAGE THAT WAS STILL IN EFFECT AT THE TIME YOU BEGAN LIVING TOGETHER.

23. A. DID YOU AT THE TIME YOU BEGAN LIVING TOGETHER KNOW THAT THE EARLIER MARRIAGE WAS STILL IN EFFECT?  Yes  No

IF "NO," ANSWER (B) AND (C):

B. WHEN AND HOW DID YOU FIND OUT THAT THIS MARRIAGE WAS STILL IN EFFECT?

C. WHEN AND HOW DID THE PERSON WITH WHOM YOU WERE LIVING FIRST LEARN THAT THIS MARRIAGE WAS STILL IN EFFECT?

ANSWER ITEM 24 ONLY IF EITHER OF YOU HAD AN EARLIER CEREMONIAL OR COMMON-LAW MARRIAGE THAT ENDED AFTER YOU BEGAN LIVING TOGETHER.

24. A. WHEN AND HOW DID YOU FIRST LEARN THAT THIS MARRIAGE HAD ENDED?

B. WHEN AND HOW DID THE PERSON WITH WHOM YOU WERE LIVING FIRST LEARN THAT THIS MARRIAGE HAD ENDED?

C. AFTER BOTH OF YOU LEARNED THAT THE EARLIER MARRIAGE HAD ENDED, DID YOU SAY ANYTHING TO EACH OTHER ABOUT YOUR RELATIONSHIP?  Yes  No

IF "YES," WHAT DID YOU SAY TO EACH OTHER?

25. REMARKS:

See Revised PRA

~~Paperwork Reduction Act Statement - This information collection 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 30 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is 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.~~

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 OF APPLICANT (First name, middle initial, last name)		DATE (Month, day, year)
MAILING ADDRESS (Number and Street, Apt. No., P.O. Box or Rural Route)		TELEPHONE NUMBER(S) at which you may be called during the day.
County (if any in which you now live)		AREA CODE
State		City
		Zip Code

Witnesses are required only if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant 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)