



PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

RED Areas (*) = required field

TITLE OF COLLECTION*: Age Search Service

OMB CONTROL NUMBER*: 0607-0117 Note: For new collections, enter 0607-XXXX

DIVISION/PROGRAM OFFICE*: ADFO

Agency Contact*: Deborah Johnson

PRA Liaison*: Hector X Merced

Alternate PRA Liaison: Anne B Billups

TYPE OF INFORMATION COLLECTION REQUEST*:

Extension, without change, of a currently approved collection

PURPOSE OF COLLECTION/OPSP SUMMARY*:

The purpose of this service is to provide, upon request, transcripts of personal data from historical population census records. Information relating to age, place of birth, citizenship is provided upon payment of the established fee to individuals for their use in qualifying for Social Security, old age benefits, retirement, court litigation, past insurance settlements, etc. The age and citizenship searching service provided by the National Processing Center and is a self-supporting operation of the U.S. Census Bureau. Expenses incurred in providing census transcripts are covered by the fees paid by individuals requesting a search of the census records.

Enter abstract. The abstract should cover the agency's need for the information, uses to which it will be put, and a brief description of the respondents.

PLANNING DATES:

Collection Frequency:

- Other (Use Fill-In)
- One time

Planned 60-day FRN Publication Date:

7/26/2018

Planned ICR Submission to DOC Date:

Planned ICR Submission to OMB Date:

12/19/2018

Request OMB Approval Date:

3/1/2019

Current Expiration Date:

3/31/2019

Data Collection Start Date: 4/1/2019

Is this a ongoing collection?

- No
- Yes

REQUESTED OMB EXPIRATION DATE: Three years from approval date

Other Date:

60-DAY FEDERAL REGISTER CITATION: Volume 83 FR 35457 Page Number
DATE PUBLISHED: 7/26/2018

MANDATORY OR VOLUNTARY COLLECTION? Mandatory Voluntary N/A

IS THIS A REIMBURSABLE COLLECTION CONDUCTED BY CENSUS ON BEHALF OF ANOTHER AGENCY/ENTITY?

Yes [Specify agency/entity: _____]

No

Shared Sponsorship [Specify agency/entity: _____]

LEGAL AUTHORITY(IES) FOR INFORMATION COLLECTION:

Section 8(a) of Title 13

Enter legal authority(ies). Please confirm with Legal and provide a list of all of the specific citation(s) for each statute and/or regulation mandating or authorizing the collection. Include authorities for Census and sponsoring agencies, as appropriate. Ensure these authorities are cited consistently throughout all documentation and respondent materials.

Survey Information:

What is the source of the sampling frame for this collection?

No sampling methods are used for this collection. This is a service for people r certified proof of age documentation

What are the mode(s) for collection?

Paper

Public Burden:

Average Estimated Time per Response: **0** Hours **12** Minutes

ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:

Number of Respondent:	2,885	Requested Annual Burden Hours:	531
Number of Responses:	2,885	Current Annual OMB Inventory:	414
		Difference (+, -)	117 (enter difference)

Reason for Difference in Burden Hours:

Program Change Adjustment No Difference

Explanation of Difference (if applicable):

The difference in the burden estimate is due to the increase of respondents di the 2020 Census and also accounts for all other applicants in the current surve special censuses.

PRIVACY ACT (PA):

Is this collection a Privacy Act System of Records?

Check box for Yes
- If yes, a Privacy Act Statement that identifies the appropriate Systems of Records Notice (SORN) is required.

TITLE 13 CONFIDENTIALITY:

Is this collection of information confidential under Title 13, Section 9?

Check box for Yes

If yes, has the confidentiality pledge been updated per the Federal Cybersecurity Enhancement Act of 2015⁽¹⁾?

Check box for Yes

Has the respondent messaging been reviewed and updated in the collection materials per the "Updates to Census Bureau Confidentiality Messaging and PRA Required Language" memo, if applicable?

Check box for Yes

Placement of Required Paperwork Reduction Act and Privacy Act Language: In the table below, please indicate where the following PRA/PA statement requirements are located in th respondent materials:

Reason/purpose for the information collection, including the way the information will be used.
(Required by the Paperwork Reduction Act and the Privacy Act)

Collection Instrument
 Instructions

Other:

For Reason/Purpose, Legal Authority that authorize the collection of information.
(Required by the Paperwork Reduction Act and the Privacy Act)

	<input checked="" type="checkbox"/> Collection Instrument <input checked="" type="checkbox"/> Instructions
Other:	
Whether responses are mandatory or voluntary (citing the authority) (Required by the Paperwork Reduction Act and the Privacy Act)	<input checked="" type="checkbox"/> Collection Instrument <input checked="" type="checkbox"/> Instructions
Other:	
The nature and extent of confidentiality to be provided (if any) citing authority (Required by the Paperwork Reduction Act)	<input checked="" type="checkbox"/> Collection Instrument <input checked="" type="checkbox"/> Instructions
Other:	
An estimate of the average respondent burden together with a request that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden (Required by the Paperwork Reduction Act)	<input checked="" type="checkbox"/> Collection Instrument <input checked="" type="checkbox"/> Instructions
Other:	
OMB control number (Required by the Paperwork Reduction Act)	<input checked="" type="checkbox"/> Collection Instrument <input checked="" type="checkbox"/> Instructions
Other:	
A statement that an agency may not conduct (and a person is not required to respond to) an information collection request unless it displays a currently valid OMB control number. (Required by the Paperwork Reduction Act)	<input checked="" type="checkbox"/> Collection Instrument <input checked="" type="checkbox"/> Instructions
Other:	
Published routine use for which information is subject and citation to relevant SORN (Required by the Privacy Act)	<input checked="" type="checkbox"/> Collection Instrument <input checked="" type="checkbox"/> Instructions
Other:	
The effects on the individual for not providing the requested information (Required by the Privacy Act)	<input checked="" type="checkbox"/> Collection Instrument <input checked="" type="checkbox"/> Instructions

Other:

Comments:

ADDITIONAL INFORMATION:

Please include any special circumstances or other information that would help expedite the review of this package (ex. if the collection is at the request of a congressional inquiry).

^[1]Please refer to the "[Updates to Census Bureau Confidentiality Messaging and PRA Required Language](#)" Memo

Create PRA Package? Yes

Create 60-Day FRN Template? Yes

Print