

SOCIAL SECURITY ADMINISTRATION

CERTIFICATION OF CONTENTS OF DOCUMENT(S) OR RECORD(S)

NAME OF NUMBER HOLDER	SOCIAL SECURITY NUMBER	<input type="checkbox"/> EXTRACT TRANSLATION OF (Specify) Language Document
-----------------------	------------------------	--

Every item in a block must be filled out with EXACT EXCERPTS from the document certified or the item must be marked "NS" or "Not shown." If the date on which an entry was made in a family record is "not shown," indicate under "Remarks" any allegation as to when the document or record was established. Include any other pertinent information shown on the document under "Remarks." Cross out all unused blocks, (e.g., if a certification is made only in block "A1," cross out "A2," "B," "C," "D," and "E.")

A. AGE, RELATIONSHIP OR CITIZENSHIP OF:

1. NAME OF PERSON AS SHOWN ON EVIDENCE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT SHOWN	DATE OF BIRTH	PLACE OF BIRTH
AGE <input type="checkbox"/> NOT SHOWN	BIRTHDAY AGE SHOWN <input type="checkbox"/> LAST <input type="checkbox"/> NEXT <input type="checkbox"/> NEAREST	<input type="checkbox"/> NOT GIVEN	DATE RECORDED (if religious record, show date of ceremony) <input type="checkbox"/> NOT SHOWN	NATURE OF EVIDENCE
NAME OF FATHER <input type="checkbox"/> NOT SHOWN		AGE	NAME OF MOTHER <input type="checkbox"/> NOT SHOWN	

CUSTODY OF DOCUMENT

- APPLICANT
 RECORD CUSTODIAN
 OTHER (Relationship to Applicant)

NAME AND ADDRESS OF ISSUING AGENCY IF NOT A PUBLIC RECORD (include ZIP Code)	<input type="checkbox"/> PUBLIC CUSTODIAN	DATE DOCUMENT ISSUED (If certifying from a Bible, give date of publication or last copyright, and complete part E)	DOCUMENT NO.
--	---	--	--------------

2. NAME OF PERSON AS SHOWN ON EVIDENCE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT SHOWN	DATE OF BIRTH	PLACE OF BIRTH
AGE <input type="checkbox"/> NOT SHOWN	BIRTHDAY AGE SHOWN <input type="checkbox"/> LAST <input type="checkbox"/> NEXT <input type="checkbox"/> NEAREST	<input type="checkbox"/> NOT GIVEN	DATE RECORDED (if religious record, show date of ceremony) <input type="checkbox"/> NOT SHOWN	NATURE OF EVIDENCE
NAME OF FATHER <input type="checkbox"/> NOT SHOWN		AGE	NAME OF MOTHER <input type="checkbox"/> NOT SHOWN	

CUSTODY OF DOCUMENT

- APPLICANT
 RECORD CUSTODIAN
 OTHER (Relationship to Applicant)

NAME AND ADDRESS OF ISSUING AGENCY IF NOT A PUBLIC RECORD (include ZIP Code)	<input type="checkbox"/> PUBLIC CUSTODIAN	DATE DOCUMENT ISSUED (If certifying from a Bible, give date of publication or last copyright, and complete part E)	DOCUMENT NO.
--	---	--	--------------

B. MARRIAGE OF:

NAME OF HUSBAND AS SHOWN ON EVIDENCE	PREVIOUS MARRIAGES (0, 1, 2, etc.) <input type="checkbox"/> NOT SHOWN	DATE OF BIRTH	AGE	BIRTHDAY AGE SHOWN <input type="checkbox"/> LAST <input type="checkbox"/> NEXT <input type="checkbox"/> NEAREST <input type="checkbox"/> NOT GIVEN	
NAME OF WIFE AS SHOWN ON EVIDENCE	PREVIOUS MARRIAGES (0, 1, 2, etc.) <input type="checkbox"/> NOT SHOWN	DATE OF BIRTH	AGE	BIRTHDAY AGE SHOWN <input type="checkbox"/> LAST <input type="checkbox"/> NEXT <input type="checkbox"/> NEAREST <input type="checkbox"/> NOT GIVEN	

NATURE OF EVIDENCE <input type="checkbox"/> MARRIAGE CERTIFICATE <input type="checkbox"/> BIBLE (complete part E)	PLACE OF MARRIAGE
--	-------------------

CUSTODY OF DOCUMENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> RECORD CUSTODIAN <input type="checkbox"/> OTHER (Relationship to Applicant)	DATE OF MARRIAGE
--	------------------

NAME AND ADDRESS OF ISSUING AGENCY IF NOT A PUBLIC RECORD (include ZIP Code)	<input type="checkbox"/> PUBLIC CUSTODIAN	DOCUMENT NO.
--	---	--------------

C. DEATH OF:

NAME OF DECEASED AS SHOWN ON EVIDENCE	DATE OF DEATH	CAUSE OF DEATH	PLACE OF DEATH
CUSTODY OF DOCUMENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> RECORD CUSTODIAN <input type="checkbox"/> OTHER (Relationship to Applicant)		NATURE OF EVIDENCE <input type="checkbox"/> DEATH	

NAME AND ADDRESS OF ISSUING AGENCY IF NOT A PUBLIC RECORD (include ZIP Code)	<input type="checkbox"/> PUBLIC CUSTODIAN	DOCUMENT NO.
--	---	--------------

D. SERVICE IN U.S. ARMED FORCES OF:

NAME OF PERSON AS SHOWN ON EVIDENCE			DATE OF BIRTH OR AGE	DATE BIRTH OR AGE RECORDED	
RANK	BRANCH (Army, Navy, etc.)	SERIAL NO.	NATURE OF EVIDENCE	<input type="checkbox"/> ORIGINAL DISCHARGE	
DATE ENLISTED OR INDUCTED		DATE ENTERED ACTIVE DUTY	DATE DISCHARGED OR RELEASED FROM ACTIVE DUTY		
MEANS OF ENTRY INTO SERVICE	<input type="checkbox"/> INDUCTED	<input type="checkbox"/> CALLED FROM INACTIVE DUTY	<input type="checkbox"/> ENLISTED	<input type="checkbox"/> RE-ENLISTED	<input type="checkbox"/> COMMISSIONED
CHARACTER OF DISCHARGE:	<input type="checkbox"/> HONORABLE	REASON AND AUTHORITY FOR SEPARATION		<input type="checkbox"/> NOT SHOWN	
<input type="checkbox"/> OTHER (Describe)	PERSON SUBMITTING DOCUMENT, RELATIONSHIP TO APPLICANT, AND ADDRESS (include ZIP Code)			<input type="checkbox"/> APPLICANT	
NAME AND ADDRESS OF ISSUING AGENCY IF NOT A PUBLIC RECORD (include ZIP Code)			<input type="checkbox"/> CUSTODIAN	DATE DOCUMENT ISSUED	DOCUMENT NO.

E. EVALUATION OF FAMILY BIBLE OR SIMILAR FAMILY RECORD:

Claimant's allegation as to person who made the entry:

1. NAME	3. RELATIONSHIP TO CLAIMANT
2. ADDRESS (include ZIP Code)	4. DATE ENTRY MADE

Examination of record.

- Does entire entry appear to have been made by the same person at the same time? Yes No (Explain in Remarks)
- Is record made in: Ink Pencil Ballpoint Pen Other
- Describe the condition of the paper (yellow, brittle, etc.), and the condition of the book:

- Is entry faded? Yes No
- Does entry appear to be: Old Recent
- Date Bible printed or published. _____

7. If photocopy cannot be submitted, answer the following:

- Are entries arranged chronologically? Yes No (Explain in Remarks)
- Name and date as shown in the entry immediately before and immediately after the entry for the claimant:

- | | |
|--|-----------------------------|
| Entry before _____ | Entry after _____ |
| 8. a. Who has had custody of the record? | c. When was the entry made? |

- | | |
|------------------------|-------------------------------------|
| b. Who made the entry? | d. How does the claimant know this? |
|------------------------|-------------------------------------|

F. REMARKS:

NOTE: - Do not use this form to abstract from any court order (e.g., divorce, annulment and adoption decrees, etc.) or to certify the contents of any foreign (non-English) language document unless you are an authorized SSA translator.

G. AUTHENTICATION OF DOCUMENT(S) OR RECORD(S) DESCRIBED ABOVE.

CERTIFICATION: - I have personally examined the documents and records above and CERTIFY their contents in connection with an application for benefits under Title II, Title XVI, and/or Title XVIII of the Social Security Act, as amended. Unless otherwise stated, all the entries herein are exact excerpts from such documents or records. The entries are free from erasures, interlineation, or other alterations and the general appearance of the documents or records satisfactorily establish their authenticity. The entries (in the case of original records) appear to have been made at the time the record was purportedly established, and there is no reason to doubt the validity of the records or entries, unless otherwise stated and explained under "Remarks."

SIGNATURE	DATE
-----------	------

OFFICIAL TITLE

<input type="checkbox"/> CLAIMS REPRESENTATIVE	<input type="checkbox"/> SERVICE REPRESENTATIVE	<input type="checkbox"/> SENIOR CLAIMS SPECIALIST	<input type="checkbox"/> QUALITY ASSURANCE SPECIALIST	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> FIELD REPRESENTATIVE	<input type="checkbox"/> DATA REVIEW TECHNICIAN	<input type="checkbox"/> CLAIMS DEVELOPMENT CLERK	<input type="checkbox"/> STATE RECORD CUSTODIAN	

Privacy Act Statement
(Certification of Contents of Document (s) or Record(s))

Sections 205(a), 163a(e), (1)(A) and (B), and 1631(f), of the Social Security Act, as amended, and Title 20 CFR 404.707 authorizes us to collect this information. The information you provide will be used to make a decision on the claimant's application for benefits. Your response is voluntary. However, failure to provide all or part of the requested information could prevent an accurate and timely decision on the claimant's applications.

We rarely use this information provided on this form for any other purpose other than for the reasons explained above. 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 the release of information from Social Security records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use this information you provided in computer 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 and 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 System of Records Notice 60-0089 and 60-0050. The notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your 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 control number. We estimate that it will take about 10 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 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.**

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**

Sections 205(a), 806, 1631(e)(1)(A)-(B), and 1631(f) of the Social Security Act, as amended, allow 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 benefit eligibility.

We will use the information to make a determination of eligibility for Social Security benefits. We may also share your information for the following purposes, called routine uses:

- To third party contacts in situations where the party to be contacted has, or is expected to have, information relating to his/her eligibility for or entitlement to benefits under the Social Security program when the data are needed to establish the validity of evidence or to verify the accuracy of information presented by the individual, and it concerns his/her eligibility for benefits under the Social Security program; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We will disclose information under this routine use only in situations in which SSA may enter a contractual or similar agreement with a third party to assist in accomplishing an Agency function relating to this system of records.

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) 60-0050; Completed Determination Record – Continuing Disability Determinations, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1813; 60-0089, entitled Claims Folders System, published in the FR on April 1, 2003, at 68 FR 15784; and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the FR on January 11, 2006, at 71 FR 1830. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy/.