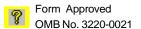
PROPOSED



Certification of Marriage Information

RRB Claim No.:		
Employee's SS No.:		
Employee's Name:		

Paperwork Reduction Act / Privacy Act Notices

The Railroad Retirement Board is authorized to collect the information on this form under Section 7(b)(6) of the Railroad Retirement Act of 1974. The information will be used to determine entitlement to benefits under this Act. You are not required to provide this information. However, your failure to do so may result in loss of benefits for the applicant. Your cooperation in furnishing the information is, therefore, very much appreciated.

the instructions, getting the needed data and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-1275.

tŀ	pplicant. Your cooperation in turnishing the information is, herefore, very much appreciated. We estimate this form takes an average of 10 minutes er response to complete, including the time for reviewing	Chief Information Officer Railroad Retirement Board, 844 Illinois 60611-1275.	for Policy and	Compliance,				
Instructions: All questions must be answered or marked "Unknown." Type or print legibly in ink. If you need more space than is provided to answer a question, use Item 11, Remarks, for this purpose.								
1	Name of Applicant							
	I understand that this statement will be considered in connection with an application by the person named in Item 1, for payment of benefits, under the provisions of the Railroad Retirement Act, as amended, based on the service and compensation of the employee named above.							
2	Your Full Name							
3	a What is your relationship to the EMPLOYEE (mother, child, cousin, etc.)?—If not related, enter "None."							
	b What is your relationship to the APPLICANT (mother, child, cousin, etc.)?—If not related, enter " None ."							
4	a How long have you known the EMPLOYEE?							
	b How long have you known the APPLICANT?							
5	a How often and on what occasions did you meet the EMPLO	YEE?						
	b How often and on what occasions did you meet the APPLICANT?							
6	Did (do) you consider the employee and the applicant husband explain fully the reasons for your belief.	and wife? Give facts and	D Yes	D No				
7	Did you hear them refer to each other as husband and wife? If "	Yes," when and where?	D Yes	D No				

	Angurar Itama C. O. and 40 to the heat of your knowledge and heliof									
	Answer Items 8, 9, and 10 to the best of your knowledge and belief.									
8	In your opinion, did (do) they maintain a home and live together as he If "Yes," when and where?			as husband	d and wife?					No
	City or Town				State		From	Dat	tes	То
							TIOIII			10
9	To your knowledge, did they live together continuously? If "No," ex			explain.				Yes		No
10	To your knowledge, has either the employee or applicant entered into any othe If "Yes," give the following information regarding all such marriages.			er marriage?				No		
	State whether employee or applicant To Whom Married Date and F			How Marriage Ende		nded	Date and Place Marriage Ended			
11	Remarks: Use this space for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this space to enter any additional information that you feel may be important to include. If you need more space, attach a separate sheet.									
12	Certification: Failure to report or the making of a false or fraudulent report can result in crir civil penalties, or both. I understand that civil and criminal penalties may be imposed on me for faments, or for withholding information to cause or prevent payment of benefits by the RRB. I affirm a knowledge, the information I have given is true, complete, and correct.					for fa	lse or	fraudu	ulent state-	
		person making stateme	•		onth, Day, Year)					
	Signature (First Name, Middle Initial, Last Name)			Daytime 1	time Telephone Number					
Mailing Address (Number and Street, Apt. No., P.O. Box, etc.)										
	City and State		ZIP C	Code County (if any)						
13	If the certification is signe	e certification is signed by mark "(X)" in Item 12, two witnesses who know the person signing must sign below, giving their addresses and daytime telephone numbers.								
			b. Signatu	. Signature of Witness						
	Address (Number and Street, City, State and ZIP Code) Address (Number and Street, City, State and ZIP Code)			Address	Address (Number and Street, City, State and ZIP Code)					
	Daytime Telephone Number			Daytime Telephone Number						