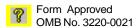
## **PROPOSED**



## **Statement** of Residence

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.

reviewing 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

You are not required to provide this information your failure to do so may result in loss of lapplicant. Your cooperation in furnishing this, therefore, very much appreciated.  We estimate this form takes an averaginates per response to complete, including	the accuracy of our estimate or any other aspect of this								
1 Your Full Name									
2 Name of person whose residence(s) you are ce	rtifying								
3 I certify that the person named above resine Note: Where residence in a period is unknown			-	-		vn."			
City or Town	Coun	ty	State	Fro		To			
,				Month	Year	Month	Year		
4 Explain how you know where the person lived.	I	<u> </u>				1			
5 Certification: Failure to report or the making of both. I understand that civil and criminal penalt information to cause or prevent payment of ber given is true, complete, and correct.	es may be impos	ed on me fo	r false or f	raudulent sta	atements, c	or for withhole	ding		
Signature of person making sta	ay, Year)								
Signature (First Name, Middle Initial, Last Name)									
▶			Daytime Telephone Number						
Mailing Address (Number and Street, Apt. No., F	O Boy etc.)	(							
Mailing Address (Number and Street, Apt. No., 1	.O. BOX, etc.)								
City and State	ZII	P Code	C	ounty (if any)					
6 If the certification is signed by mark (X) in Ite full addresses and daytime telephone number	m 5, two witnessers.	ses who kno	w the per	son signing	must sign	below, givi	ng their		
a Signature of Witness	<b>b</b> Signature of Witness								
Address (Number and Street, City, State and ZIP Code)			Address (Number and Street, City, State and ZIP Code)						
Daytime Telephone Number			Daytime Telephone Number						
( )		(	)	F <b>^</b>	220 /	() Destroy pri	ion odition -		