



Statement Regarding Divorce or Annulment

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.

We estimate this form takes an average of 10 minutes per response to complete, including the time for 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 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

Part 1 To be completed by Applicant

To: (Name and Address—Custodian of Records)

From: (Name and Address—Applicant)

To support my application for benefits under the Railroad Retirement Act, I must submit a statement showing whether or not a divorce was obtained. Please check the divorce and annulment records, complete and sign this form, and return it to me.

Period(s) for which records
are to be checked

Name of parties to divorce or annulment action
(include other names by which these parties may have been known)

From

To

and

and

and

and

Signature

Date

Part 2 To be completed by Custodian of Records

1 Were the divorce and annulment records checked for the entire period(s) shown above? Yes No

If "No," explain:

2 Was a record of a divorce or annulment action found? Yes No

If "Yes," show the date and type of decree issued:

Date: _____ Type of Decree: _____

3 Remarks

Certification: Failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both. I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for withholding information to cause or prevent payment of benefits by the RRB. I affirm that to the best of my knowledge, the information I have given is true, complete, and correct.

Signature and Title

Date