

LETTER TO CUSTODIAN OF BIRTH RECORDS

SSN Number: _____

Date: _____

Custodian of Record: Please complete, sign, and date part 5 of this form, include your seal if you have one, and return the form to requester/SSA.

PART 1 - TO BE COMPLETED BY REQUESTER

To Whom It May Concern:

I/ **The** Social Security Administration (Check One) need(s) to establish a date of birth for SSA purposes. I request a certified copy/ certification/ verification (Check One) of your record showing the date of birth based on:
 The information below; or The document attached.

Full Name at Birth: _____ Sex: _____

Date of Birth (MM/DD/YYYY): _____ Place of Birth (City, County, and State): _____

Parent's or Mother's Maiden Name (First, Full Middle, Last): _____

Parent's or Father's Name (First, Full Middle, Last): _____

I authorize the disclosure of the requested information to the Social Security Administration.

Signature _____

Address _____

Print Full Name _____

Relationship to Above Person (e.g., Self, Authorized Applicant) _____ Phone Number with Area Code _____

PART 2 - NOTARIZATION OF REQUESTER'S SIGNATURE (If Required)

Notary Public should use the space below for notarization and placement of seal.

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PART 3 - PAYMENT INFORMATION

Enclosed is \$ _____ in the form of:

- Personal Check Certified Check Money Order
 Credit Card (Type, Number, Expiration Date) _____
 No Fee Required Other

DO NOT SEND CASH

PART 4 - COMPLETED BY SSA OFFICIAL TO INDICATE RETURN ADDRESS/TO VERIFY REQUESTER'S IDENTITY

Signature	Social Security Office Name
Print Name and Title	Office Address
Office Telephone Number with Area Code/Extension	

Verification of Requester's Identity (If Required)

I verified the requester's identity. The requester submitted the following as evidence of ~~his/her~~ identity:

PART 5 - TO BE COMPLETED BY RECORDS CUSTODIAN OR OFFICIAL

Choose option A, B, or C.

- A. Certified Birth Record Attached
B. Certification/Verification of Birth Record
 I verify the information on the document submitted.
 I certify the information provided below.

Name as Shown on the Record	Date of Birth Or Age (If Date of Birth is not available, then Age)
If age has been provided in the above block, indicate age as of which birthday. <input type="checkbox"/> Last <input type="checkbox"/> Next <input type="checkbox"/> Nearest <input type="checkbox"/> Not Given	
Type of Birth or Religious Record	Date of the Record
Place of Birth:	
Parent's Full Name	Parent's Full Name

Remarks:

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C. Negative Certification/Verification

I searched for a birth/ religious (Check One) record for the person named in Part 1 and found no record for **this person** for the year(s).

D. Signature and Seal

Yes (If Yes, affix seal)

No

Please sign and date, indicate your title, and provide address. Return to requester or SSA, as indicated on page 1.

Signature	Address (Street, City, State, ZIP Code):
Title	
Date:	

**~~Privacy Act Statement
Collection and Use of Personal Information~~**

~~Sections 205(a) and 1631 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 you provide to make a determination of eligibility to receive, or the right to continue receiving, Social Security benefits or Supplemental Security Income (SSI) payments. We may also share your information for the following purposes, called routine uses:~~

- ~~• To Federal, State, and local entities to assist them with administering income maintenance and health maintenance programs, when a Federal statute authorizes them to use the Social Security Number *SSN);~~
- ~~• To third party contacts in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manage his/her affairs or his/her eligibility for or entitlement to benefits under the Social Security program; and,~~
- ~~• To third party contacts that may have information relevant to the Social Security Administration's establishment or verification of information provided by representative payees or payee applicants.~~

~~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 Notices (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications, as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121; 60-0089, entitled Claims Folders System, as published in the FR on April 1, 2003, at 68 FR 15784; and 60-0090, entitled Master Beneficiary Record, as published in the FR on January 11, 2006, at 71 FR 1826. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.~~

See Revised Privacy Act and PRA Statements attached.

~~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 only comments relating to our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.**~~