

# STATEMENT OF DEATH BY FUNERAL DIRECTOR

NAME OF DECEASED

SOCIAL SECURITY NUMBER

FOR SSA USE ONLY

Please complete the items below, and return the form in the enclosed addressed, postage paid envelope. Your assistance and cooperation are appreciated.

**PRIVACY ACT/PAPERWORK ACT NOTICE:** The information on this form is authorized by Section 404.715 and 404.720 of the Federal Regulations (20 CFR 404.715 and 404.720). While your response is voluntary, we need your assistance to make an accurate and timely determination concerning the death of the individual named above, and to determine if there are survivors who may be eligible for Social Security benefits.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any 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 3.5 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is 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.**

1. \* NAME OF DECEASED (First, Middle, Last, Suffix)  
1a. other names used, (if known)

2. \* SOCIAL SECURITY NUMBER  
If SSN Unknown, please contact  
Field office to report death.

3. \* DATE OF DEATH  
3a \*City/State/Country  
(Where death occurred)

4. \* DATE OF BIRTH (if known)  
4a City/State/Country

5. \* Check (x) whether the deceased was  
 Male  
 Female

6. NAME OF Surviving Spouse WIDOW OR WIDOWER (if known) if not applicable, names of any minor or disabled children, (if known).  
6a. Surviving Spouse SSN.

7. ADDRESS (No. and Street, P.O. Box) OF Surviving Spouse WIDOW OR WIDOWER (if known) if not applicable, names of any minor or disabled children, (if known).

|      |       |          |   |
|------|-------|----------|---|
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER (if Available)<br>( ) -<br>area code |
|------|-------|----------|---|

I hereby certify that I am an authorized funeral director and prepared for final disposition the body of the person named above. I understand this statement may be used in connection with an application for Social Security benefits. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

|   |   |
|---|---|
| *NAME AND ADDRESS OF FUNERAL DIRECTOR OR FIRM | *SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE |
|   | *TELEPHONE NUMBER ( )<br>area code                          |
|   | *DATE   |

FOR SOCIAL SECURITY USE ONLY - DO NOT WRITE IN THIS SPACE

DO Processed (Date)



## A MESSAGE FROM SOCIAL SECURITY

Your funeral director is helping the Social Security Administration office by providing giving you this information about Social Security benefits. If the deceased was receiving benefits, you need to contact us to report the death. If you think you may be eligible for survivors benefits, you should contact us to apply.

## HOW SOCIAL SECURITY HELPS FAMILIES

Social Security survivors benefits help ease the financial burden that follows a worker's death. Almost all children under age 18 will receive get monthly benefits if a working parent dies. Other family members may be eligible for benefits, too.



Anyone who has worked and paid Social Security Federal Insurance Contributions Act (FICA) taxes has been earning Social Security benefits for his or her family. The amount of work needed to pay survivors benefits depends on the worker's age at the time of death. It may be as little as 1 to 1.5-1 1/2 years for a young worker. No one needs more than 10 years.

## WHO CAN GET SURVIVORS BENEFITS?



Here is a list of family members who are typically eligible for usually can get benefits:

- **Surviving spouses** Widows and widowers age 60 or older.
- **Surviving spouses** Widows and widowers at any age if caring for the deceased's child(ren) who are under age 16 or disabled.
- **Divorced spouses** wives and husbands age 60 or older, if married to the deceased 10 years or more.
- **Surviving spouses and divorced spouses** Widows, widowers, divorced wives, and divorced husbands age 50 or older, if they are disabled.
- Children up to age 18.
- Children age 18 - 19, if they attend elementary school or high school full time.
- Children over age 18, if they became disabled before age 22.
- The deceased worker's parents age 62 or older, if they were being supported by the worker.

## A SPECIAL ONE-TIME PAYMENT

In addition to the monthly benefits for family members, a one-time lump-sum death payment of \$255 can be paid to a spouse who was living with the worker at the time of death. If there is none, it can be paid to:

- A spouse who is eligible for benefits.
- A child or children eligible for benefits.

This payment cannot be made if there is no eligible spouse or child.

## HOW TO APPLY FOR BENEFITS

How you sign up for Social Security benefits depends on whether or not you are receiving getting other Social Security benefits.



If you aren't receiving getting Social Security benefits, you can apply for benefits by telephone, by accessing the Social Security website [www.socialsecurity.gov](http://www.socialsecurity.gov), or by going to any local Social Security office. You may need some of the documents shown on the list below. But don't Do not delay your application because you do not don't have all the information. If you don't do not have a document you need, the Social Security Administration can help you obtain get it.



## HOW TO APPLY FOR BENEFITS (continued)

In many situations, if you're already getting benefits as a spouse wife or husband on your spouse's record when they pass away he or she dies, in many situations we can automatically change your payments to survivors benefits once the death is reported to us. you report the death to us. Benefits for any children will also automatically be changed to survivors benefits once after the death is reported to us.

## INFORMATION NEEDED

- Your Social Security number and the deceased worker's Social Security number.
- A death certificate. (Generally, the funeral director provides a statement that can be used for this purpose.)
- Proof of the deceased worker's earnings for the previous last year (W-2 forms or self-employment tax return).
- Your birth certificate.
- A marriage certificate, if you are applying for benefits as a surviving spouse widow, widower, divorced spouse wife, or divorced husband.
- A divorce decree, if you are applying for benefits as a divorced spouse wife or husband.
- Children's birth certificates and Social Security numbers, if applying for children's benefits.
- Your checking or savings account information, for if you want direct deposit of your benefits.

You will need to submit original documents or copies certified by the custodian of records issuing office. You can mail or bring them to the office. Social Security will make photocopies and return the documents to you. your documents.

## SUPPLEMENTAL SECURITY INCOME (SSI)

If you are 65 or older, disabled, or blind, and have limited income and resources ask the Social Security representative about Supplemental Security Income (SSI) checks for people with limited income and resources. If you receive SSI, you may also qualify for Medicaid, Supplemental Nutrition Assistance Program (SNAP) food stamps, and other social services.

## FOR MORE INFORMATION

For more information, visit Social Security's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). You can also phone the toll-free number at 1-800-772-1213 (Toll-free 1-800-325-0778). By calling the 800 Number, you can use our automated telephone system to get recorded information and conduct some business 24 hours a day. You can also speak to a Social Security representative between 7 a.m. and 7 p.m. Monday through Friday. You can also write or visit any Social Security office. To find your local office, visit our Social Security Office Locator at [www.socialsecurity.gov](http://www.socialsecurity.gov), or phone the toll-free number, 1-800-772-1213. You can speak to a representative weekdays 7 a.m. to 7 p.m. You can also visit Social Security's Internet website: [www.socialsecurity.gov](http://www.socialsecurity.gov).

## A REMINDER

If the deceased received was receiving Social Security benefits, return any checks, which arrive after death to the Social Security office. If Social Security checks were being directly deposited into a bank account, please notify the bank of the death.

***SSA will insert the following revised Privacy Act and PRA Statements into the form as soon as possible:***

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

Section 202 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely determination concerning eligibility for death benefit payments.

We will use the information you provide to establish proof of death for the insured worker; to determine if the insured individual was receiving any pre-death benefits we need to terminate; and to determine which surviving family member is eligible for the lump-sum death payment or other death benefits. We may also share the information for the following purposes, called routine uses:

- To applicants or claimants, prospective applicants or claimants (other than the data subject), their authorized representatives or representative payees to the extent necessary to pursue Social Security claims, and to representative payees, when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting the Social Security Administration in administering its representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees; and
- To Federal, State, or local agencies (or agents on their behalf), for administering income or health maintenance programs including programs under the Social Security Act.

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, Master Files of Social Security Number (SSN) Holders and SSN Applications, as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121; 60-0090, Master Beneficiary Record, as published in the FR on January 11, 2006, at 71 FR 1826; and 60-0103, 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](http://www.ssa.gov/privacy).

***SSA will insert the following revised PRA Statement into the form as soon as possible:***

**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 (OMB) control number. We estimate that it will take about 4 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***