

Individual Statement of Marital Relationship

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 15 to 20 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 aspects 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.

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 23, Remarks, for this purpose.

1 Your Full Name

2 Full name of person you were living with

3 a Starting with the time you began living together as husband and wife, enter the places you lived and the dates you lived there, then check whether you lived in each of the places together or separately. If you check "Lived Separately" also answer Item 3b.

Town	State	From		To		Lived Together (✓)	Lived Separately (✓)
		Month	Year	Month	Year		

b Enter the reason(s) you did not live together continuously and the date(s).

Reason(s)	From		To	
	Month	Year	Month	Year

4 Did you have an understanding as to your relationship when you began living together? If "Yes," answer Items **a** and **b**.

Yes No

a If it was in writing, furnish a copy; if it was not in writing, what did you say to each other about your living together?

b Was this understanding later changed? If "Yes," describe the changes and when and why they were made.

Yes No

5 Did you have an understanding as to how long you would live together? If "Yes," what did you say to each other about how long you would live together?

Yes No

6	Did you have an understanding as to how your relationship could end? If "Yes," what did you say to each other on this subject?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Did you believe that your living together made you legally married? If "Yes," why did you believe so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Was there an agreement or promise that a ceremonial marriage would also be performed in the future? If "Yes," explain why the ceremony was not performed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Were any children born of this relationship? If "Yes," list below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name	Date of Birth
		Place of Birth
10	a By what names were you and the person you were living with known?	
	Man's Full Name	Woman's Full Name
	(1) Before you lived together.	
	(2) Since you lived together.	
	b If you both did not use the same last name after you began living together, state why.	
11	After you started living together, were there any legal papers created with both your names such as deeds, insurance policies, bank accounts or contracts signed? If "Yes," list below. Note: If you have copies of such documents, furnish them with this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Type of Document	Date Made
		Were you shown as the other's husband or wife?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Did you have joint business dealings with other persons or joint charge accounts in stores? If "Yes," give the name and address of such person or store and the date of the transaction.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Person or Store	Address
		Date of Transaction
13	a How did you introduce the person you were living with to relatives, friends, neighbors, business acquaintances and others?	
	b How did that person introduce you to relatives, friends, neighbors, business acquaintances and others?	

14	How was mail addressed to you?		
15	List below the names and addresses of any employers and neighbors who knew of your relationship.		
	Name	Address	
a			
b			
c			
16	List below your closest relatives (other than children) who knew of your relationship.		
a	Name	Relationship to you	
	Address		
b	Name	Relationship to you	
	Address		
c	Name	Relationship to you	
	Address		
17	List below the closest relatives (other than children) of the person you were living with who knew of your relationship.		
a	Name	Relationship to person you were living with	
	Address		
b	Name	Relationship to person you were living with	
	Address		
c	Name	Relationship to person you were living with	
	Address		
18	One or more of the employers, neighbors, and/or relatives shown above may be contacted regarding knowledge they may have of your marriage. If you object to us contacting any of the above, please list their name(s) and give the reason(s) for your objection(s).		
	NAME	REASON	
19	Did you ever live with anyone else as husband and wife? If "Yes," complete Items a and b , below.		<input type="checkbox"/> Yes <input type="checkbox"/> No
a	Name of Person	Kind of Relationship (Ceremonial, etc.)	
	Date Relationship Started	How Relationship Ended	Date and Place Relationship Ended
b	Name of Person	Kind of Relationship (Ceremonial, etc.)	
	Date Relationship Started	How Relationship Ended	Date and Place Relationship Ended

20	Did the person you were living with ever live with anyone else as husband and wife? If "Yes," complete Items a and b , below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Name of Person		Kind of Relationship (Ceremonial, etc.)
Date Relationship Started	How Relationship Ended	Date and Place Relationship Ended
b Name of Person		Kind of Relationship (Ceremonial, etc.)
Date Relationship Started	How Relationship Ended	Date and Place Relationship Ended
Answer Item 21 if either of you had an earlier ceremonial or common-law marriage that is still in effect or that ended after you began living together.		
21	At the time you began living together did you know that the earlier marriage was still in effect? If "No," answer Items a and b , below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a When and how did you first learn that this marriage was still in effect?		Month Day Year
		() () ()
b When and how did the person you were living with first learn that this marriage was still in effect?		Month Day Year
		() () ()
Answer Item 22 only if either of you had an earlier ceremonial or common-law marriage that ended after you began living together.		
22	a When and how did you first learn that this marriage had ended?	Month Year
		() ()
b When and how did the person you were living with first learn that this marriage had ended?		Month Year
		() ()
c After both of you learned that the earlier marriage had ended, did you say anything to each other about your relationship changing? If "Yes," what did you say to each other?		<input type="checkbox"/> Yes <input type="checkbox"/> No
23	<i>(This space may be used for explaining any answers to the questions. If you need more space, attach a separate sheet.)</i> Remarks	
24	Certification: Failure to report or the making of a false or fraudulent report may 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 of person making statement		Date (Month, Day, Year)
Signature (First Name, Middle Initial, Last Name)		Daytime Telephone Number ()
Mailing Address (Number and Street, Apt. No., P.O. Box, etc.)		
City and State	ZIP Code	County (if any)
25	If the certification is signed by mark (X) in Item 24, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.	
a. Signature of Witness		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 ()