

Certification of Marriage Information

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 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 11, Remarks, for this purpose.

1 Name of Applicant

I understand that this statement will be considered in connection with an application by the person named in Item 1, for payment of benefits, under the provisions of the Railroad Retirement Act, as amended, based on the service and compensation of the employee named above.

2 Your Full Name

3 a What is your relationship to the **EMPLOYEE** (mother, child, cousin, etc.)?—If not related, enter "**None.**"

b What is your relationship to the **APPLICANT** (mother, child, cousin, etc.)?—If not related, enter "**None.**"

4 a How long have you known the **EMPLOYEE**?

b How long have you known the **APPLICANT**?

5 a How often and on what occasions did you meet the **EMPLOYEE**?

b How often and on what occasions did you meet the **APPLICANT**?

6 Did (do) you consider the employee and the applicant ~~husband and wife~~ **to be spouses (husband and wife, etc.)**? Give facts and explain fully the reasons for your belief.

Yes No

7 Did you hear them refer to each other as ~~husband and wife~~ **spouses**? If "Yes," when and where?

Yes No

Answer Items 8, 9, and 10 to the best of your knowledge and belief.

8	In your opinion, did (do) they maintain a home and live together as husband and wife spouses ? If "Yes," when and where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	City or Town	State	Dates
			From To

9	To your knowledge, did they live together continuously? If "No," explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10	To your knowledge, has either the employee or applicant entered into any other marriage? If "Yes," give the following information regarding all such marriages.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	State Whether Employee or Applicant	To Whom Married	Date and Place of Marriage	How Marriage Ended	Date and Place Marriage Ended

11	Remarks: Use this space for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this space to enter any additional information that you feel may be important to include. If you need more space, attach a separate sheet.

12	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)	

13	If the certification is signed by mark "(X)" in Item 12, 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 ()		