DO/FO Processed (Date):

Page 1 of 4 OMB No. 0960-0142

## **Statement of Death By Funeral Director**

Local Social Security Administration (	e Address:		For SSA Use Only		
				below.	complete the required fields (*) Send the completed form to
				1 *	cal <mark>SSA off</mark> ice. Please give 2 and 3 of this form to any
				survivo	ors of the deceased. 📃
					If reporting the death through onic Death Registration (EDR),
					not need to send this form to
					We appreciate your assistance
*1.(a) Name of Deceased (First, Middle, Last, Suffix):					Other Names Head (if
I.(a) Name of Deceased (First, Middle, East, Sumx).				knowr	Other Names Used (if n):
*2. Social Security Number (If SSN unknown, please contact local SSA				厚	
office to report death)					
*3.(a) Date of Death	*3.(b) City	*3.(b) City/State/Country of Death			neck (X) whether the
	(where death occurred) 🗾			deceased was married ☐ Yes	
*4.(a) Date of Birth (if known)	4.(b) City/State/Country of Birth				
	(if known)				No
		<u> </u>			
6.(a) Name of Surviving Spouse - if no disabled children (if known)	_	<del>ole,</del> and name	s of any mino		
disabled children (ii known)				l	SSN fany minor or
				<u> </u>	led adult children (if
7. Address (No. and Street, P.O. Box disabled children (if known)	) of Surviv	ing Spouse -	<del>if not applicab</del>	le <sup>s, </sup> leand <del>(if kn</del>	
City State		ZIP Code		Telephone Number (if available)	
I hereby certify that I am an authorize person named above. I understand th Security benefits. I declare under pen	iis stateme	ent may be us	ed in connecti	on witl	h an application for Social
and on any accompanying statements	s or forms	, and it is true	and correct to	the be	est of my knowledge. I
understand that anyone who knowing information, or causes someone else	to do so. o	commits a cri	ading statements and may be	ent abo	to prison, or may face
other penalties, or both.					
*Name and Address of Funeral Director or Firm *Signature of Funeral Director or Authorized F					Authorized Representative
		*Telephone	Number		*Date
FOR SOCIAL SI	ECHIDITY III	SE ONLY - DO I	NOT WRITE IN T	HIS SD	ACE
I ON SOCIAL SI		CL CHILL - DO	ACT ANIMITE HAT	1110 JF	AVL

Form **SSA-721** (06-2021) Page 2 of 4

#### A Message From Social Security

Your funeral director is helping the Social Security Administration by providing you this information about Social Security benefits. If the deceased was receiving benefits, contact us to report the death. If you think you may be eligible for survivors benefits, 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 monthly benefits if a working parent dies. Other family members may be eligible for benefits, too.

Anyone who has worked and paid Social Security Federages surance 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 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 benefits:

- Surviving spouses age 60 or older.
- Surviving spouses at any age if caring for the deceased's child(ren) who are under age 16 or disabled.
- Divorced spouses age 60 or older, if married to the deceased 10 years or more.
- Surviving spouses and divorced spouses 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, we can pay a one-time lump-sum death payment of \$255 to a surviving spouse who was living with the worker at the time of death. If there is none, we can pay it to:

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

This payment is not payable if there is no eligible surviving spouse or child.

## **How to Apply for Benefits**

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

If you aren't receiving Social Security benefits, you can apply for benefits by telephone, by accessing the Social Security website <a href="www.socialsecurity.gov">www.socialsecurity.gov</a>, or by going to any local Social Security office. You may need some of the documents shown on the list below. Do not delay your application because you do not have all the information. If you do not have a document you need, the Social Security Administration can help you obtain it.

Form **SSA-721** (06-2021) Page 3 of 4

## **How to Apply for Benefits (continued)**

In many situations, if you're already receiving benefits as a spouse on your spouse's record when they pass away, we can automatically change your payments to survivors benefits once the death is reported to us. Benefits for any children will also automatically be changed to survivors benefits once 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 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 or divorced spouse.
- A divorce decree, if you are applying for benefits as a divorced spouse.
- Children's birth certificates and Social Security number plant applying for children's benefits.
- Your checking or savings account information, for direct deposit of your benefits.

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

#### **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) # you receive SSI, you may also qualify for Medicaid, Supplemental Nutrition Assistance Program (SNAP) and other social services.

#### For More Information

For more information, visit Social Security's website at <a href="www.socialsecurity.gov">www.socialsecurity.gov</a>. You can also phone the toll-free number at 1-800-772-1213 (TTY 1-800-325-0778). By calling the 800 Number, you can use our automated telephone services to get recorded information and conduct some business 24 hours a day. You can 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 <a href="www.socialsecurity.gov">www.socialsecurity.gov</a>.

#### A Reminder

If the deceased received 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.

Form **SSA-721** (06-2021) Page 4 of 4

# 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 <a href="https://www.ssa.gov/privacy">www.ssa.gov/privacy</a>.

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.