

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 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

Section 205(a) and 702 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 processing the application for a Social Security card.

We will use the information you provide to verify proof of age. 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); and
- To student volunteers, individuals working under a personal services contract, and other workers who technically do not have the status of Federal employees, when they are performing work for SSA, as authorized by law, and they need access to personally identifiable information in our records in order to perform their assigned agency functions.

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 Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications, as published in the Federal Register (FR) on January 4, 2022, at 87 FR 263. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

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 10 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.**