Statement Regarding the Inferred Death of an Individual by Reason of Continued and Unexplained Absence

All items on this form must be answered or marked “unknown”.
If you need more space for answers, attach a separate sheet.

Full Name of Missing Person (include other names used)	Social Security Number

I understand that this statement is to be considered in connection with an application filed by the applicant shown below for benefits payable under the Social Security Act and that the applicant's right to such benefits is subject to a determination as to the inferred death of the missing person, also listed below.

Full Name of Applicant Making a Statement (or Reporter)

1.	Where did the missing person live?	
	Address	
2.	My relationship to the missing person is:	Parent, Child, Friend, Acquaintance, etc.:
3.	When did they go missing?	Exact date (MM/DD/YYYY) if possible, otherwise approximate date:
4.	When did you last see the missing person?	Exact date (MM/DD/YYYY) if possible, otherwise approximate date:
5.	Where did you last see the missing person? Location and/or address, if available:	
	Describe the circumstances of this last occasion:	
6.	Have you seen, heard from, or heard of the missing person, directly or through anyone else, since they went missing? (If "Yes," explain.)	☐ Yes ☐ No

7.	Has any court ever been asked to declare the missing person dead? (If "Yes," state when, and give the name and address of the court.)	☐ Yes	☐ No
8.	Explain the result of the court's findings. (Attach a copy of the proceedings, if available.)		
9.	Has the missing person been reported missing to local law enforcement? (Attach a copy of any report, if available)	☐ Yes	☐ No
10.	What do you think happened to the missing person? Please explain your answer:		
	Do you believe the missing person is dead?	☐ Yes	☐ No
	If yes, when do you think they died? If no, what in your opinion is the reason for the missing person's silence? (Please explain your answer)		
	Is there anyone else we should talk to who might know the missing person's whereabouts or what happened to the missing person?	☐ Yes	☐ No

If "Yes," give names and addresses:

Name	Address	Phone Number

11.	Please state any additional facts which you think may be helpful in determining whether the missing person is now dead or alive.

I know that anyone who makes or causes to be made a false statement or representation of material fact or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given, in this document and elsewhere, is true.

Signature of Person Making Statement

Signature (First name, middle initial, last name) (Write in ink)	Date (MM/DD/YYYY)
Relationship to the Missing Person	Area Code & Telephone Number

Mailing Address (Number and Street, Apt. No., P.O. Box, or Rural Route)

City and State	ZIP Code	Enter Name of County (if any) in which you now live

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the claimant must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State, and ZIP Code)	Address (Number and Street, City, State, and ZIP Code)

Privacy Act Statement
Collection and Use of Personal Information

Sections 202 and 205(a) 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 an accurate and timely decision on any claim filed.

We will use the information to determine the inferred death of a beneficiary on the record and to establish a date of presumed death. We may also share your information for the following purposes, called routine uses:

- To applicants, 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 SSA in administering its representative payment responsibilities under the Act and assisting the representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees; and

- To third party contacts that may have information relevant to the Social Security Administration's establishment or verification of information provided by representative payees or payee applicants.

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) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784, and 60-0090, entitled Master Beneficiary Record, as published in the FR on January 11, 2006, at 71 FR 1826. Additional information, and a full listing of all of 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 30 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.*