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## REQUEST FOR DECEASED INDIVIDUAL'S SOCIAL SECURITY RECORD

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\*Use This Form If You Need

1. Photocopy of Original Application for a Social Security Card (SS-5).

**OR**

2. Computer extract of Social Security Card Application.

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### INFORMATION ABOUT YOUR REQUEST

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- **How Do I Get This Information?**

Complete page 2 of this form to tell us what information you want. Photocopy page 2 for multiple requests.

- **Is There A Fee For This Information? Yes**

Photocopy of Original Application for Social Security Card (SS-5)

If SSN of deceased individual is provided, the fee is \$21.00.

If SSN of deceased individual is not provided, the fee is \$21.00.

Computer Extract of SS-5 (May not contain the names of the individual's parents and the place of birth)

If SSN of deceased individual is provided, the fee is \$20.00.

If SSN of deceased individual is not provided, the fee is \$20.00.

Certified copy is provided for an **additional fee** of \$10.00 (See instructions below)

- **SSN Search required.**

Complete as much information as possible in Blocks 4 and 5, if the deceased individual's SSN is unknown.

- **When Is Certification required?**

Certification is usually not necessary unless you plan to use the information in court.

- **Method of Payment.**

Payment can be made with a **credit card** by completing the attached Form SSA-714 and returning it with your request(s) form. You may also pay with a **check or money order** (Name, Address and Phone Number must appear on Check). Enclose one check or money order for the **entire fee required** (total from request(s)). **DO NOT SEND CASH.**

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**REQUEST FOR DECEASED INDIVIDUAL'S SOCIAL SECURITY RECORD****PROCESSING LIMITATIONS:** A Request for information **CANNOT** be processed for:**INDIVIDUALS WHO DIED BEFORE NOVEMBER 1936.****INDIVIDUALS BORN BEFORE 1865 (unless you furnish a Social Security Number (SSN)).****INSTRUCTIONS: PRINT OR TYPE ALL DATA. SIGN IN INK. ALLOW 4-6 WEEKS FOR A REPLY.**

If you have any questions regarding completion of this form call 1-800-772-1213.

1. Request for photocopy of Original Application for Social Security Card (SS-5). Enter, \$21.00, if SSN of deceased individual is provided	A. \$
Enter \$21.00, if SSN of deceased individual is not provided	B. \$
2. Request for Computer extract of Social Security Number Application. Enter, \$20.00, if SSN of deceased individual is provided	C. \$
Enter, \$20.00, if SSN of deceased individual is not provided	D. \$
3. If Certification is required, enter an additional \$10.00	E. \$
<b>Add the amounts from Lines A through E and enter TOTAL on Line F</b>	F. \$

Paying with a **CREDIT CARD**, complete and return Form SSA-714 attached, or Enclose your **CHECK** or **MONEY ORDER** for the amount on line **F** payable to "Social Security Administration." **DO NOT SEND CASH. DO NOT SEND SELF-ADDRESSED STAMPED ENVELOPE.**

**4. DECEASED INDIVIDUAL'S INFORMATION (COMPLETE AS MUCH INFORMATION AS POSSIBLE)**

Name of Individual at birth (first, middle, last name)

Name(s) of Individual (if other than above/other name(s) used)

Check Sex

 M  F

Social Security Number

Date of birth (mo, day, yr)

Place of Birth (City, State or Foreign Country)

**5. DECEASED INDIVIDUAL'S PARENTS' INFORMATION (if SSN of deceased individual is not provided, please complete this section) (Complete as much information as possible)**

Mother's (Maiden) Name at birth (first, middle, last name)

Mother's married name(s)

Father's Name (first, middle, and last name)

**6. REQUESTER'S INFORMATION (PLEASE READ PRIVACY ACT STATEMENT BEFORE COMPLETING THIS SECTION)**

Printed Name of Requester (first, middle, last name)

Signature (do not print unless this is your usual signature)

Date

Street Address

City, State, and ZIP Code

Telephone Number

Fax Number

E-Mail Address

7. Forward Request to: **SSA OEIO DEBS FOIA  
PO BOX 33022  
Baltimore, MD 21290-3022**

8. Forward Express Mail to: **SSA OEIO DEBS FOIA  
6100 Wabash Ave.  
Baltimore, MD 21215**

**PRIVACY ACT STATEMENT**

## Collection and Use of Personal Information

The Freedom of Information Act (FOIA) (5 U.S.C. § 552) and our regulations at 20 CFR 402.130 allows 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 accurately responding to your FOIA request.

We will use the information to verify the subject individual is deceased, access the correct Social Security record, and process your request. We may also share your information for the following purposes, called routine uses:

- 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 the Social Security Administration (SSA), as authorized by law, and they need access to personally identifiable information in SSA records to perform their agency assigned functions; and
- To National Archives and Records Administration, Office of Government Information Services (OGIS), to the extent necessary to fulfill its responsibilities in 5 U.S.C. 552(h) to review administrative agency policies, procedures and compliance with the FOIA, and to facilitate OGIS' offering of mediation services to resolve disputes between persons making FOIA requests and administrative agencies.

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 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) 60-0340, entitled FOIA and Privacy Act Record Request and Appeal System, as published in the Federal Register (FR) on July 13, 2016, at 81 FR 45352. Additional information, and a full listing of all SORNs, is available on our website at <https://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 7 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**