

STATEMENT REGARDING MARRIAGE

All questions must be answered or marked "Unknown." If you need more space for answers, continue them under "Remarks" on reverse side.

PAPERWORK/PRIVACY ACT NOTICE: The Social Security Administration is authorized to collect the information on this form under section 216(h)(1) (A) of the Social Security Act. Giving us this information is voluntary. You do not have to do it, but your cooperation is needed to help establish the applicant's eligibility to Social Security benefits. The Social Security Administration will use the information on this form to determine if a marital relationship exists so that an accurate determination may be made regarding entitlement to spouse's benefits. We may routinely give out the information on this form without your consent for a variety of reasons. These reasons are explained in the Federal Register. If you would like more details about this, please get in touch with any Social Security office.

Print Name of Wage Earner or Self-Employed Person
(Herein referred to as the "Worker").

Enter His (Her) Social Security Number

____-____-____ | ____-____ | ____-____-____

Print Name of Applicant

I understand that this statement will be considered in Connection with an application by the applicant named above for payment of benefits under the provisions of Title 11 of the Social Security Act, as amended, based on the earnings of the worker named above.

Print Your Full Name (First name, middle initial, last name)

1.	What is your relationship to the worker? (Mother, child, cousin, etc.—if not related, state "None.") To the <u>Applicant</u> ? (Mother, child, cousin, etc.—if not related, state "None.")
2.	How long have you known the worker? The <u>Applicant</u> ?
3.	How often and on what occasions did you meet the worker? The <u>Applicant</u> ?
4.	To your knowledge, were (are) the worker and applicant generally known as husband and wife? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Did (do) you consider them husband and wife? <input type="checkbox"/> Yes <input type="checkbox"/> No Give facts and explain fully the reasons for your belief: _____ _____ _____
6.	Did you hear them refer to each as husband and wife? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," when and where?

7. In your opinion, did (do) they maintain a home and live together as husband and wife?
If "Yes," where and when? Yes No

CITY OR TOWN	STATE	DATES	
		FROM--	TO--

8. To your knowledge, did they live together continuously?
If "No," explain. Yes No

9. To your knowledge, has either the worker or the applicant entered into any other marriage?
If "Yes," give the following information regarding all such marriages: Yes No


STATE WHETHER WORKER OR APPLICANT	TO WHOM MARRIED	DATE AND PLACE OF MARRIAGE	HOW MARRIAGE TERMINATED	DATE AND PLACE MARRIAGE TERMINATED

(This space may be used for explaining any answers to the questions. If you need more space attach a separate sheet.)

Remarks: _____

I know that anyone who makes a false statement or representation of a material fact 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 is true.

SIGNATURE OF PERSON MAKING STATEMENT

Signature <i>(First name, middle initial, last name) (Write in ink)</i>	Date <i>(Month, day, year)</i>
	Telephone Number
SIGN HERE 	Area Code
	Mailing Address <i>(Number and street, Apt. No., P.O. Box, or Rural Route)</i>

City and State	ZIP Code
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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 person making the statement must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address <i>(Number and street, City, State, and ZIP Code)</i>	Address <i>(Number and street, City, State, and ZIP Code)</i>