

STATEMENT OF DEATH BY FUNERAL DIRECTOR

NAME OF DECEASED	SOCIAL SECURITY NUMBER
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	FORM SSA USE ONLY
	<p>Please complete the items below, and return the form in the enclosed addressed, postage paid envelope. Your assistance and cooperation are appreciated.</p>

PRIVACY ACT/PAPERWORK ACT NOTICE: The information on this form is authorized by sections 404.715 and 404.720 of the Federal Regulations (20 CFR 404.715 and 404.720). While your response is voluntary, we need your assistance to make an accurate and timely determination concerning the death of the individual named above, and to determine if there are survivors who may be eligible for Social Security benefits.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

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 are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3.5 minutes to read the instructions, gather the necessary facts, and answer the questions.

1. NAME OF DECEASED	2. SOCIAL SECURITY NUMBER _____ / ____ / _____	
3. DATE OF DEATH	4. DATE OF BIRTH (if known)	5. Check (x) whether the deceased was <input type="checkbox"/> Male <input type="checkbox"/> Female

6. NAME OF WIDOW OR WIDOWER (if known)

7. ADDRESS (No. and Street, P.O. Box) OF WIDOW OR WIDOWER (if known)

CITY	STATE	ZIP CODE	TELEPHONE NUMBER (if Available) _____ (area code)
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I hereby certify that I am an authorized funeral director and prepared for final disposition the body of the person named above. I understand this statement may be used in connection with an application for Social Security benefits.

NAME AND ADDRESS OF FUNERAL DIRECTOR OR FIRM	SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE	
	TELEPHONE NUMBER _____ (area code)	DATE

FOR SOCIAL SECURITY USE ONLY - DO NOT WRITE IN THIS SPACE

DO Processed (Date)
