

MARRIAGE CERTIFICATION

SEE PAPERWORK/PRIVACY ACT NOTICE ON REVERSE.

PRINT NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

SOCIAL SECURITY NUMBER

I am the spouse of the person named below, who has applied for insurance benefits under Title II of the Social Security Act, as presently amended.

NAME OF SPOUSE *(First Name)*

(Maiden Name, if applicable)

(Last Name)

1. Indicate whether your present marriage was performed by:

Clergyman or Authorized Public Official Other *(Explain)* _____

2. Were you married before your present marriage?

Yes No

(If "yes", give the following information about each of your previous marriages.)

PREVIOUS MARRIAGE #1

TO WHOM MARRIED

WHEN *(MM/DD/YYYY)*

WHERE *(City and State)*

HOW MARRIAGE ENDED

WHEN *(MM/DD/YYYY)*

WHERE *(City and State)*

MARRIAGE PERFORMED BY:

Clergyman or Public Official
 Other *(Explain in "REMARKS")*

SPOUSE'S DATE OF BIRTH *(or age)*

GIVE DATE OF DEATH IF SPOUSE IS DECEASED

Spouse's Social Security Number
(If none or unknown, so indicate)

PREVIOUS MARRIAGE #2

TO WHOM MARRIED

WHEN *(MM/DD/YYYY)*

WHERE *(City and State)*

HOW MARRIAGE ENDED

WHEN *(MM/DD/YYYY)*

WHERE *(City and State)*

MARRIAGE PERFORMED BY:

Clergyman or Public Official
 Other *(Explain in "REMARKS")*

SPOUSE'S DATE OF BIRTH *(or age)*

GIVE DATE OF DEATH IF SPOUSE IS DECEASED

Spouse's Social Security Number
(If none or unknown, so indicate)

REMARKS: *(Use this space of this form for information about any other previous marriages, if necessary)*

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

SIGNATURE OF WAGE EARNER OR SELF-EMPLOYED PERSON SIGNATURE (First Name, Middle Initial, Last Name) (Write in ink.)	DATE (MM/DD/YYYY)
	TELEPHONE NUMBER (Area Code)

MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, or Rural Route)

CITY	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 wage earner or self-employed person 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(b) and (c), 205(a), and 216(h)(1) of the Social Security Act, as amended, allow us to collect your information, which we will use to determine the identity of your spouse. Providing the information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on your eligibility for spousal benefits. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0089, 60-0090, and 60-0320, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

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 control number. We estimate that it will take about 60 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** You may send 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. **Send only comments relating to our time estimate to this address, not the completed form.**