

## Statement of Death By Funeral Director

Local Social Security Administration (SSA) Office Address:

**For SSA  
Use Only**

Please complete the required fields (\*) below. Send the completed form to your local SSA office. Please give pages 2 and 3 of this form to any survivors of the deceased.

**Note:** If reporting the death through Electronic Death Registration (EDR), you do not need to send this form to SSA. We appreciate your assistance and cooperation.

\*1.(a) Name of Deceased (First, Middle, Last, Suffix):

1.(b) Other Names Used (if known):

1.(c) Address of Deceased (No. and Street, P.O. Box, City/State, if known)

\*2. Social Security Number (If SSN unknown, please contact local SSA office to report death)

\*3.(a) Date of Death

\*3.(b) City/State/Country of Death (where death occurred)

\*4.(a) Date of Birth

4.(b) City/State/Country of Birth (if known)

\*5. Check (X) whether the deceased was married

Yes

No

6.(a) Name of Surviving Spouse and names of any minor or disabled adult children (if known)

6.(b) Surviving Spouse SSN and SSN of any minor or disabled adult children (if known)

7. Address (No. and Street, P.O. Box) of Surviving Spouse and address of any minor or disabled adult children (if known)

City

State

ZIP Code

Telephone Number (if available)

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. 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.

\*Name and Address of Funeral Director or Firm

\*Signature of Funeral Director or Authorized Representative

\*Telephone Number

\*Date

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

DO/FO Processed (Date):

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## A Message From Social Security

Your funeral director is helping the Social Security Administration by providing you this information about Social Security benefits. If the deceased was receiving benefits, contact us to report the death. If you think you may be eligible for survivors benefits, contact us to apply.

## How Social Security Helps Families

Social Security survivors benefits help ease the financial burden that follows a worker's death. Almost all children under age 18 will receive monthly benefits if a working parent dies. Other family members may be eligible for benefits, too.

Anyone who has worked and paid Social Security Federal Insurance Contributions Act (FICA) taxes has been earning Social Security benefits for their family. The amount of work needed to pay survivors benefits depends on the worker's age at the time of death. It may be as little as 1 to 1.5 years for a young worker. No one needs more than 10 years.

## Who Can Get Survivors Benefits?

Here is a list of family members who are typically eligible for benefits:

- Surviving spouses age 60 or older.
- Surviving spouses at any age if caring for the deceased's child(ren) who are under age 16 or disabled.
- Divorced spouses age 60 or older, if married to the deceased 10 years or more.
- Surviving spouses and divorced spouses age 50 or older, if they are disabled.
- Children up to age 18.
- Children age 18 - 19, if they attend elementary school or high school full time.
- Children over age 18, if they became disabled before age 22.
- The deceased worker's parents age 62 or older, if they were being supported by the worker.

## A Special One-Time Payment

In addition to the monthly benefits for family members, we can pay a one-time lump-sum death payment of \$255 to a surviving spouse who was living with the worker at the time of death. If there is none, we can pay it to:

- A surviving spouse who is eligible for benefits.
- A child or children eligible for benefits.

This payment is not payable if there is no eligible surviving spouse or child.

## How to Apply for Benefits

How you sign up for Social Security benefits depends on whether or not you are receiving other Social Security benefits.

If you aren't receiving Social Security benefits, you can apply for benefits by telephone, by accessing the Social Security website [www.socialsecurity.gov](http://www.socialsecurity.gov), or by going to any local Social Security office. You may need some of the documents shown on the list below. Do not delay your application because you do not have all the information. If you do not have a document you need, the Social Security Administration can help you obtain it.

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## How to Apply for Benefits (continued)

In many situations, if you're already receiving benefits as a spouse on your spouse's record when they pass away, we can automatically change your payments to survivors benefits once the death is reported to us. Benefits for any children will also automatically be changed to survivors benefits once the death is reported to us.

## Information Needed

- Your Social Security Number and the deceased worker's Social Security Number.
- A death certificate. (Generally, the funeral director provides a statement that can be used for this purpose.)
- Proof of the deceased worker's earnings for the previous year (W-2 forms or self-employment tax return).
- Your birth certificate.
- A marriage certificate, if you are applying for benefits as a surviving spouse or divorced spouse.
- A divorce decree, if you are applying for benefits as a divorced spouse.
- Children's birth certificates and Social Security Numbers, if applying for children's benefits.
- Your checking or savings account information, for direct deposit of your benefits.

You will need to submit original documents or copies certified by the custodian of records. You can mail or bring them to the office. Social Security will make photocopies and return the documents to you.

## Supplemental Security Income (SSI)

If you are 65 or older, disabled, or blind, and have limited income and resources, ask the Social Security representative about Supplemental Security Income (SSI). Children may also be able to receive SSI. If you receive SSI, you may also qualify for Medicaid, Supplemental Nutrition Assistance Program (SNAP) and other social services.

## For More Information

For more information, visit Social Security's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). You can also phone the toll-free number at 1-800-772-1213 (TTY 1-800-325-0778). By calling the 800 Number, you can use our automated telephone services to get recorded information and conduct some business 24 hours a day. You can speak to a Social Security representative between 7 a.m. and 7 p.m. Monday through Friday. You can also write or visit any Social Security office. To find your local office, visit our Social Security Office Locator at [www.socialsecurity.gov](http://www.socialsecurity.gov).

## A Reminder

If the deceased received Social Security benefits, return any checks, which arrive after death to the Social Security office. If Social Security checks were being directly deposited into a bank account, please notify the bank of the death.

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**Privacy Act Statement**  
**Collection and Use of Personal Information**

Section 202 of the Social Security Act, as amended, allows us to collect this information, which we will use to establish proof of death for the insured worker and determine benefits eligibility. Providing the information is voluntary, but not providing all or part of the information may prevent an accurate and timely determination concerning eligibility for death benefit payments. 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 Notice 60-0058, 60-0090, and 60-0103, available at [www.ssa.gov/privacy](http://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 (OMB) control number. We estimate that it will take about 4 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.