SOCIAL SECURITY ADMINISTRATION

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT	SOCIAL SECURITY NUMBER	
NAME OF PERSON MAKING STATEMENT (If other than above wage earner, self-employed person, or SSI claimant)	RELATIONSHIP TO WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT	
Understanding that this statement is for the use of the	Social Security Administration, I hereby	
certify that -		

Management and Budget control number. We estimate that it vand answer the questions. SEND THE COMPLETED FORM office is listed under U.S. Government agencies in your tele	ephone directory or you may call Social Security at ents on our time estimate above to: SSA, 6401 Security Boulevard,
I declare under penalty of perjury that I have examined	all the information on this form, and on any accompanyin
	st of my knowledge. I understand that anyone who knowing fact in this information, or causes someone else to do so ther penalties, or both.
SIGNATURE OF PER	SON MAKING STATEMENT
Signature (First name, middle initial, last name) (Write in ink)	Date (Month, day, year)
SIGN N	Telephone Number (Include Area Code)
HERE	() –
Mailing Address (Number and street, Apt. No., P.O. Box, Rural Route))
City and State	ZIP Code
Witnesses are required ONLY if this statement has beer witnesses to the signing who know the individual must s	
1. Signture of Witness	2. Signture of Witness
Address (Number and street, City, State, and ZIP Code)	Address (Number and street, City, State, and ZIP Code)