

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 the 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 *(If "yes", give the following information about each of your previous marriages.)* No

P M R E V I O A U G S E	TO WHOM MARRIED	WHEN <i>(Month, Day, Year)</i>	WHERE <i>(City and State)</i>
	HOW MARRIAGE ENDED	WHEN <i>(Month, Day, Year)</i>	WHERE <i>(City and State)</i>
	MARRIAGE PERFORMED BY: <input type="checkbox"/> Clergyman or Public Official <input type="checkbox"/> Other <i>(Explain in "REMARKS")</i>	SPOUSE'S DATE OF BIRTH <i>(or age)</i>	GIVE DATE OF DEATH IF SPOUSE IS DECEASED
	Spouse's Social Security Number <i>(If none or unknown, so indicate)</i> _____ → _____ / _____ / _____		

P M R E V I O A U G S E	TO WHOM MARRIED	WHEN <i>(Month, Day, Year)</i>	WHERE <i>(City and State)</i>
	HOW MARRIAGE ENDED	WHEN <i>(Month, Day, Year)</i>	WHERE <i>(City and State)</i>
	MARRIAGE PERFORMED BY: <input type="checkbox"/> Clergyman or Public Official <input type="checkbox"/> Other <i>(Explain in "REMARKS")</i>	SPOUSE'S DATE OF BIRTH <i>(or age)</i>	GIVE DATE OF DEATH IF SPOUSE IS DECEASED
	Spouse's Social Security Number <i>(If none or unknown, so indicate)</i> _____ → _____ / _____ / _____		

REMARKS: *(Use this space and the reverse 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	DATE <i>(Month, Day, Year)</i>
SIGNATURE <i>(First Name, Middle Initial, Last Name) (Write in ink.)</i>	
SIGN HERE 	TELEPHONE NUMBER <i>(Area Code)</i>

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

CITY	STATE	ZIP CODE
------	-------	----------

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 <i>(Number and Street, City, State and ZIP Code)</i>	ADDRESS <i>(Number and Street, City, State and ZIP Code)</i>

PAPERWORK/PRIVACY ACT NOTICE: The Social Security Administration is authorized to collect the information on this form under section 205(a) of the Social Security Act. While it is voluntary for you to furnish the information, we may not be able to pay benefits to your spouse unless you give us this information.

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 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 5 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. *Send only comments relating to our time estimate to this address, not the completed form.*