

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
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V
I
O
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S
E

TO WHOM MARRIED

WHEN *(Month, Day, Year)*

WHERE *(City and State)*

HOW MARRIAGE ENDED

WHEN *(Month, Day, Year)*

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)*

___ / ___ / _____

P
M
R
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V
I
O
U
S
E

TO WHOM MARRIED

WHEN *(Month, Day, Year)*

WHERE *(City and State)*

HOW MARRIAGE ENDED

WHEN *(Month, Day, Year)*

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 and the reverse of this form for information about any other previous marriages, if necessary)*

I know that anyone who makes or causes to be made a false statement or representation of material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

SIGNATURE OF WAGE EARNER OR SELF-EMPLOYED PERSON

DATE *(Month, Day, Year)*

SIGNATURE *(First Name, Middle Initial, Last Name) (Write in ink.)*

**SIGN
HERE**



TELEPHONE NUMBER *(Area Code)*

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 *(Number and Street, City, State and ZIP Code)*

ADDRESS *(Number and Street, City, State and ZIP Code)*

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.

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 5 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.