SOCIAL SECURITY ADMINISTRATION

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER OR SE PERSON	ACCOUNT NUMBER / 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

STATEMENT OF PERSON OUTSIDE THE UNITED STATES

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that:

The Federal Benefits Unit at the US Embassy in Bogota, Colombia is requesting me to appear at a SSA office in order to collect a dated stamp that shows my physical presence in the US at the end of my trip to accomplish the ALIEN NON-PAYMENT PROVISION requirement.

La Unidad de Beneficios Federales de la Embajada de los EE.UU en Bogota, Colombia me pide que me presente en una oficina del SSA para conseguir un sello con fecha que demuestre mi presencia física en los EE.UU al final de mi viaje para completar con los requisitos del MES CALENDARIO.

Dated stamp from SSA office:

Sello con fecha de la oficina del SSA:

I know that anyone who makes or causes to be a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law and/or State law. I affirm that all information I have given in this document is true.

SIGNATURE / FIRMA	DATE (Month, day, year) / FECHA (Mes, dia, Año)
MAILING ADDRESS / DIRECCION CIUDAD: _____ DEPT: _____ COLOMBIA 757	Telephone number (Include Area Code) Teléfono (**Incluya código de la ciudad**) **TEL: 011-57- ( ) - _ _ _ - _ _ _ _** **CEL: 011-57- _ _ _ - _ _ _ - _ _ _ _** **Email:**