

Social Security Administration

LETTER TO CUSTODIAN OF BIRTH RECORDS

Claim Number : _____ - _____ - _____

Date : _____

Custodian of Record: Please complete, sign and date part 5 of this form, include your seal if you have one, and return the form to requester/SSA.

PART 1 - TO BE COMPLETED BY REQUESTER

Sir/Madam:

I/the Social Security Administration (Circle One) need(s) to establish a date of birth for SSA purposes. I request a certified copy/certification/verification (Circle One) of your record showing the date of birth based on:

- _____ The information below; or
- _____ The document attached.

Full Name at Birth

Sex

Date of Birth (Month, Day, Year) _____

Place of Birth (City, County, and State) _____

Mother's Maiden Name (First, Full Middle, Last)

Father's Name (First, Full Middle, Last)

I authorize the disclosure of the requested information to the Social Security Administration.

Signature _____

Address _____

Print Full Name _____

Relationship to Above Person (e.g., Self, Authorized Applicant)

() - _____

Phone Number with Area Code

PART 2 - NOTARIZATION OF REQUESTER'S SIGNATURE (If Required)

Notary Public should use the space below for notarization and placement of seal.