Social Security Administration

Form Approved
OMB No. 0960-0693

LETTER TO CUSTODIAN OF BIRTH RECORDS

Claim Number – –

Date

PART 1 - TO BE COMPLETED BY REQUESTER

Dear 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;
_____ the document attached.

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.

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 Administratior**

_____ 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.