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 (Check One) need(s) to establish a date of birth for SSA purposes. I request a certified ☐ copy/ ☐ certification/ ☐ verification (Check 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 (MM/DD/YYYY):	Place of Birth (City, County, and State):

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

Parent's or 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.