

Department of Veterans Affairs		REQUEST FOR CERTIFICATION BY SOCIAL SECURITY ADMINISTRATION (Under the provisions of 38 U.S.C. 1312(a))	
PART I - (TO BE COMPLETED BY VA)			
1. FIRST-MIDDLE-LAST NAME OF DECEASED VETERAN <i>(Type or print)</i>			
2. ADDRESS OF VA REGIONAL OFFICE		3. VA FILE NUMBER XC/XSS-	
		4. SOCIAL SECURITY NUMBER OF VETERAN	
		5. DATE OF BIRTH	
		6. DATE OF DEATH	
CERTIFICATION BY VA			
NOTE: Death occurred after 12-31-56 as a result of service performed after 9-15-40. If discharged it was under conditions other than dishonorable.			
7. CLAIMANTS (Attach a separate sheet, if necessary)			
A. NAME OF CLAIMANT	B. ADDRESS	C. RELATIONSHIP TO DECEASED VETERAN	D. DATE OF BIRTH
8. SIGNATURE OF VETERANS SERVICE CENTER MANAGER		9. DATE	
PART II - SECTION 1312(a) CERTIFICATION - (TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION)			
10A. AWARD FORM SSA-101 <input type="checkbox"/> ATTACHED <input type="checkbox"/> PREVIOUSLY FORWARDED	11. OTHER CERTIFICATION WITH RESPECT TO SECTION 1312(a) <i>(Check one)</i>		
10B. DATE FORM SAA-101 REVIEWED	<input type="checkbox"/> A. THE REQUIRED INSURED STATUS UNDER THE SOCIAL SECURITY ACT HAS BEEN ESTABLISHED	<input type="checkbox"/> B. SECTION 1312(a) CERTIFICATION MAY BE MADE AT AGE 80	<input type="checkbox"/> C. THERE ARE NO ELIGIBLE SURVIVORS UNDER THE SOCIAL SECURITY ACT AT THIS TIME
12. SIGNATURE OF SOCIAL SECURITY ADMINISTRATION OFFICIAL		13. DATE	
14. ADDRESS OF SOCIAL SECURITY ADMINISTRATION			

SOCIAL SECURITY ADMINISTRATION
PROGRAM SERVICE CENTER