TRANSLATION REQUEST

TO:

SOCIAL SECURITY ADMINISTRATION

Use one of the following:

1. Central Translation Section
   P.O. Box 17759
   Baltimore, Maryland 21235
   FAX: 410-966-0526 or
              410-966-6032

2. Processing Center
   (Show complete address)

3. District Office
   (Show complete address)

A. REQUEST FOR ASSISTANCE - (To be completed by requesting office.)

Check if appropriate
☐ Aged Case - Expedite

Name of Wage Earner	Social Security Number
	_ _

1. Date	2 (a). Language	(b) Type of Translation Required
		☐ Extract ☐ Verbatim

3. Person(s) for whom proof is submitted *(If married woman, include maiden name)*

4. Address of claimant

5. Fact(s) to be proved	6. Alleged date event in A-5 occurred
☐ Date of Birth ☐ Marriage ☐ Death ☐ Other *(specify)* _____	

B. IF THE ORIGINAL DOCUMENT OR A CERTIFIED PHOTOCOPY OF THE ORIGINAL DOCUMENT IS NOT BEING SENT TO THE PROCESSING CENTER WITH THE TRANSLATION, EXPLAIN BELOW.

☐ *Document too large to photocopy*

☐ *Document cannot be photocopied because* _____

Signature	Title	Date

FROM:

SOCIAL SECURITY ADMINISTRATION

SHOW COMPLETE MAILING
ADDRESS TO WHICH
TRANSLATION AND DOCUMENT
ARE TO BE RETURNED

☐ Return document directly to
   claimant. Envelope or label
   is provided.

Telephone Number   ☐ Fax

Form **SSA-533** (3-1995) ef (11-2004)   Destroy Prior Editions

C. EVALUATION - (To be completed by authorized translator)

1. (a) If **original document** is being translated, does it appear
   to be genuine and unaltered and made at the time purported? ☐ Yes ☐ No

   (b) If **photocopy** is being translated, is there any basis for not
   accepting the photocopy as evidence for the facts it purports to
   establish (e.g., are the appearance, format, manner of certification,
   or entries inconsistent with the same type of record provided by the
   same source)? If answered "Yes", explain the irregularities below. ☐ Yes ☐ No

2. Describe and explain any irregularities in document:

_____

_____

D. TRANSLATION - (To be completed by authorized translator)

1. Identification of document:

(a) Type of document	(b) Date document issued
(c) Date event recorded, if actually shown on document	(d) Source of information (Show book, volume, page number, etc.)
(e) Title of official executing document	(f) Name and address of issuing agency

2. This document contains the following information in _____ :
   (Language)

   (All pertinent information on the document must be translated. Do not infer any information not actually shown on the
   document).

_____

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☐ DOCUMENT RETURNED TO CLAIMANT AS REQUESTED

Signature of authorized translator	Title	Date

Form **SSA-533** (3-1995)   ef (11-2004)