

NUMERHOLDER

<input type="checkbox"/> SSI <input type="checkbox"/> RSHI <input type="checkbox"/> DI <input type="checkbox"/> PE <input type="checkbox"/> ED	NAME			CLAIM NUMBER	
	DATE OF FILING	ALLEGED DOB OR AGE		PERMISSION TO USE NAME	DATE OF REQUEST
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	DATE OF DEATH	DATE OF ONSET	<input type="checkbox"/> ALLEG. <input type="checkbox"/> ESTAB.	RACE	SEX

DEVELOPMENT NOTES

Social Security Administration

ASSIST-
ING
OFFICE

CONTACT:

PHONE NUMBER

Social Security Administration

REQUEST-
ING
OFFICE

ACTION REQUESTED

- DEVELOP PER ATTACHED PSC REQ.
- EARNINGS INFORMATION *(See below)*
- OBTAIN COMPLETION OF FORM
- SSA-7011 (OR 1002) FOR: PSC REQ
- OBTAIN PROOF OF

SSN

TELEPHONE NO.

UNIT NO.

FTS

REMARKS OR REASON FOR REQUEST (If the request involves prelag earnings or ED, give the following information: (1) Dates of alleged employment and earnings; (2) Central Office records show; (3) employer's name, address, E.I. Number; (4) Wage earner's address, job, badge number; and secondary evidence submitted.)

SOCIAL SECURITY ADMINISTRATION **CERTIFICATION OF CONTENTS OF DOCUMENT(S) OR RECORD(S)**
 (This form must be executed by authorized employees of the Social Security Administration)

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON SOCIAL SECURITY NUMBER

Every item in a block must be filled out with EXACT EXCERPTS from the document certified or the item must be marked "NS" or "not shown". If the date on which an entry was made in a family record is "not shown", indicate under "Remarks" any allegation as to when the document or record was established. Include any other pertinent information shown on the document under "Remarks". Cross out all unused blocks (e.g., if a certification is made only in block "A", cross out "B").

A. AGE, RELATIONSHIP OR CITIZENSHIP OF:

1. NAME OF PERSON AS SHOWN ON EVIDENCE SEX F M Not shown DATE OF BIRTH PLACE OF BIRTH

AGE NOT SHOWN BIRTHDAY AGE SHOWN LAST NEXT NEAREST NOT GIVEN DATE RECORDED NOT SHOWN

NAME OF FATHER NOT SHOWN AGE NAME OF MOTHER NOT SHOWN AGE

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS APPLICANT NATURE OF EVIDENCE

NAME AND ADDRESS OF ISSUING AGENCY CUSTODIAN DATE DOCUMENT ISSUED DOCUMENT NO.

B. MARRIAGE OF:

NAME OF HUSBAND AS SHOWN ON EVIDENCE PREVIOUS MARRIAGES (0, 1, 2, etc.) NOT SHOWN DATE OF BIRTH AGE BIRTHDAY AGE SHOWN LAST NEXT NEAREST NOT GIVEN

NAME OF WIFE AS SHOWN ON EVIDENCE PREVIOUS MARRIAGES (0, 1, 2, etc.) NOT SHOWN DATE OF BIRTH AGE BIRTHDAY AGE SHOWN LAST NEXT NEAREST NOT GIVEN

NATURE OF EVIDENCE MARRIAGE CERTIFICATE PLACE OF MARRIAGE

PERSON SUBMITTING DOCUMENT, RELATIONSHIP TO APPLICANT, AND ADDRESS APPLICANT DATE OF MARRIAGE

NAME AND ADDRESS OF ISSUING AGENCY CUSTODIAN DOCUMENT NO.

C. REMARKS: NOTE -- Do not use this form to abstract from any court order (e.g., divorce, annulment and adoption decrees, etc.) or to certify the contents of any foreign (non-English) language document.

D. AUTHENTICATION OF DOCUMENT(S) OR RECORD(S) DESCRIBED ABOVE

CERTIFICATION: -- I have personally examined the documents and records above and CERTIFY their contents in connection with an application for benefits under Title II, Title XVI, and/or Title XVIII of the Social Security Act, as amended. Unless otherwise stated, all the entries herein are exact excerpts from such documents or records. The entries are free from erasures, interlineation, or other alterations and the general appearance of the documents or records satisfactorily establish their authenticity. The entries (in the case of original records) appear to have been made at the time the record was purportedly established, and there is no reason to doubt the validity of the records or entries, unless otherwise stated and explained under "Remarks."

2. CERTIFICATION: - I have personally examined the documents and records described above and CERTIFY their contents in connection with an application for insurance benefits under Titles II, XVI and/or XVIII of the Social Security Act, as amended. Unless otherwise stated, all the entries herein are exact excerpts from such documents or records.

CERTIFIED BY (Signature of authorized employee of the Social Security Administration) DATE

OFFICIAL TITLE

CLAIMS REPRESENTATIVE SERVICE REPRESENTATIVE SENIOR CLAIMS CLERK OTHER (Specify)

SOCIAL SECURITY REPRESENTATIVE DATA REVIEW TECHNICIAN DEVELOPMENT CLERK

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PROGRESS REPORT

DATE _____

Social Security Administration

ASSIST-
ING
OFFICE

Completion is expected by _____
action is delayed because: _____

- Individual has failed to respond to our letter. We are attempting to make personal contact.
- Individual was not at the address furnished. We are attempting to locate the principles or the records.
- Individual has promised to furnish data within the near future.
- The person to be contacted is either out of town or in a distant area. We will attempt contact on our next trip to this area on _____
- We are in receipt of incorrectly completed form(s) and we are attempting to get complete information.
- Other reasons or remarks: _____

CONTACT:

PHONE NUMBER _____

Social Security Administration

REQUEST-
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OFFICE

TELEPHONE NO. _____

UNIT NO. _____

FTS

REMARKS OR REASON FOR REQUEST _____

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Social Security Administration

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OFFICE

FOLLOWUP

DATE _____

Progress report has not been received

Progress report was dated _____ ;

_____ have not received 562 or further report.

CONTACT:

PHONE NUMBER _____

Social Security Administration

REQUEST-
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OFFICE

TELEPHONE NO. _____ UNIT NO. _____

FTS

REMARKS OR REASON FOR REQUEST _____