

Social Security Administration

Street Address

City, State, Zip Code

Administrative Phone Number

The original document, of which this is a photocopy, appears to be genuine, and unaltered, and to have been made at the time purported.

This photocopy consists of # page(s).

/s/ Employee Name, Title, Date

Describe any irregularities on the claimant's document such as changes or alterations to the entries, see [GN 00301.050C.](http://policynet.ba.ssa.gov/poms.nsf/lnx/0200301050#c)

**NOTE:** If appropriate, indicate whether the custodian made changes prior to the custodian's certification.

References: [GN 00301.050](http://policynet.ba.ssa.gov/poms.nsf/lnx/0200301050%21OpenDocument%26a%3Dc)

[GN 00301.095](http://policynet.ba.ssa.gov/poms.nsf/lnx/0200301095)