STATEME	ENT OF	DEATH	BY	FUNE	RAL DIREC	TOR	
NAME OF DECEASED					SOCIAL SECURITY NUM	BER -	
					FOR SSA USE ONLY		
Γ			\neg				
L					Please complete the item form in the enclosed add envelope. Your assistance appreciated.	ressed, postage paid	
PRIVACY ACT/PAPERWORK A Regulations (20 CFR 404.715 and 4 determination concerning the death of Security benefits.	404.720). W	hile your response	is volur	itary, we ne	ed your assistance to make	an accurate and timely	
We may also use the information you Federal, State or local government age the Federal government. The law allow	encies. Many as	gencies may use mat	tching pr	ograms to fi	ng programs compare our rend or prove that a person qu	ecords with those of other alifies for benefits paid by	
Explanations about these and other reawant to learn more about this, contact	asons why infor any Social Secu	rmation you provide urity Office.	us may l	be used or gi	ven out are available in Soc	ial Security Offices. If you	
Paperwork Reduction Act Statemer Paperwork Reduction Act of 1995. Younder. We estimate that it will to COMPLETED FORM TO YOUR telephone directory or you may call above to: SSA, 6401 Security Blvd., completed form.	ou do not need ake about 3.5 LOCAL SOC Il Social Secur	to answer these que minutes to read the IAL SECURITY O ity at 1-800-772-12	estions ur e instruc FFICE. 13 (TTY	nless we disp tions, gathe The office 1-800-325-	play a valid Office of Manager the facts, and answer the is listed under U. S. Gove 10778). You may send comm	gement and Budget control e questions. SEND THE rnment agencies in your ments on our time estimate	
1. NAME OF DECEASED				2. SOCIAL SECURITY NUMBER			
3. DATE OF DEATH 4. DATE OF BIRTH (if known)				5. Check (x) whether the deceased was Male Female			
6. NAME OF WIDOW OR WIDOW	VER (if known))					
7. ADDRESS (No. and Street, P.C.). Box) OF WII	DOW OR WIDOWE	ER (if kn	own)			
CITY		STATE	ZIP CODE		TELEPHONE NUMB	ER (if Available)	
I hereby certify that I am an authorize this statement may be used in conne examined all the information on this knowledge. I understand that anyone someone else to do so, commits a cr	ection with an a form, and on a e who knowing	application for Socia my accompanying s ly gives a false or m	al Securit tatemen nisleadin	ty benefits. ts or forms, g statement	ne body of the person name declare under penalty of p and it is true and correct to about a material fact in this	erjury that I have the best of my	
NAME AND ADDRESS OF FUNERAL DIRECTOR OR FIRM				SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE			
				TELEPHONE NUMBER (DATE	
	R SOCIAL SE	CURITY USE ONL			E IN THIS SPACE		
DO Processed (Date)							

A MESSAGE FROM SOCIAL SECURITY

Your funeral director is helping the Social Security office by giving you this information about Social Security benefits. If the deceased was receiving benefits, you need to contact us to report the death. If you think you may be eligible for survivors benefits, you should contact us to apply.

HOW SOCIAL SECURITY HELPS FAMILIES

Social Security survivors benefits help ease the financial burden that follows a worker's death. Almost all children under age 18 will get monthly benefits if a working parent dies. Other family members may be eligible for benefits, too.

Anyone who has worked and paid Social Security (FICA) taxes has been earning Social Security benefits for his or her family. The amount of work needed to pay survivors benefits depends on the worker's age at the time of death. It may be as little as 1-1/2 years for a young worker. No one needs more than 10 years.

WHO CAN GET SURVIVORS BENEFITS?

Here is a list of family members who usually can get benefits:
☐ Widows and widowers age 60 or older.
☐ Widows and widowers at any age if caring for the deceased's child(ren) who
are under age 16 or disabled.
☐ Divorced wives and husbands age 60 or older, if married to the deceased
10 years or more.
☐ Widows, widowers, divorced wives, and divorced husbands age 50 or older, if
they are disabled.
☐ Children up to age 18.
☐ Children age 18 - 19, if they attend elementary school or high school full time.
☐ Children over age 18, if they became disabled before age 22.
☐ The deceased worker's parents age 62 or older, if they were being supported
by the worker.
A SPECIAL ONE-TIME PAYMENT
In addition to the monthly benefits for family members, a one-time payment of \$255 can be paid
to a spouse who was living with the worker at the time of death. If there is none, it can be paid
to:
☐ A spouse who is eligible for benefits.
☐ A child or children eligible for benefits.
This payment cannot be made if there is no eligible spouse or child.

HOW TO APPLY FOR BENEFITS

How you sign up for Social Security benefits depends on whether or not you are getting other Social Security benefits.

If you aren't getting Social Security benefits, you can apply for benefits by telephone or by going to any Social Security office. You may need some of the documents shown on the list below. But don't delay your application because you don't have all the information. If you don't have a document you need, Social Security can help you get it.

HOW TO APPLY FOR BENEFITS (continued)

If you're already getting benefits as a wife or husband on your spouse's record when he or she dies, in many situations we can change your payments to survivors benefits once you report the death to us. Benefits for any children will also automatically be changed to survivors benefits after the death is reported to us.

INFORMATION NEEDED

	Your Social Security number and the deceased worker's Social Security number. A death certificate. (Generally, the funeral director provides a statement that can be used for
	this purpose.)
	Proof of the deceased worker's earnings for last year (W-2 forms or self- employment tax
	return).
	Your birth certificate.
	A marriage certificate, if you are applying for benefits as a widow, widower,
	divorced wife, or divorced husband.
	A divorce decree, if you are applying for benefits as a divorced wife or
	husband.
	Children's birth certificates and Social Security numbers, if applying for
	children's benefits.
	Your checking or savings account information, if you want direct deposit of
	your benefits.
Yo	ou will need to submit original documents or copies certified by the issuing office. You can

mail or bring them to the office. Social Security will make photocopies and return your documents.

SUPPLEMENTAL SECURITY INCOME (SSI)

If you are 65 or older, disabled, or blind, ask the Social Security representative about Supplemental Security Income (SSI) checks for people with limited income and resources. If you receive SSI, you may also qualify for Medicaid, food stamps, and other social services.

FOR MORE INFORMATION

For more information, write or visit any Social Security office, or phone the toll-free number, 1-800-772-1213. You can speak to a representative weekdays 7 a.m. to 7 p.m. You can also visit Social Security's Internet website: www.socialsecurity.gov.

A REMINDER

If the deceased was receiving Social Security benefits, any checks which arrive after death will need to be returned to the Social Security office. If Social Security checks were being directly deposited into a bank account, the bank needs to be notified of the death, too.