Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3.5 minutes to read the instructions, gather the facts, and answer the questions. SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

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 WIDOWER (if known)

7. ADDRESS (No. and Street, P.O. Box) OF WIDOW OR WIDOWER (if known)

CITY STATE ZIP CODE - TELEPHONE NUMBER (if Available) ( ) - area code

I hereby certify that I am an authorized funeral director and prepared for final disposition the body of the person named above. I understand this statement may be used in connection with an application for Social Security benefits. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both. NAME AND ADDRESS OF FUNERAL DIRECTOR OR FIRM SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE TELEPHONE NUMBER ( ) - area code DATE FOR SOCIAL SECURITY USE ONLY - DO NOT WRITE IN THIS SPACE DO Processed (Date)