SOCIAL SECURITY ADMINISTRATION

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT	SOCIAL SECURITY NUMBER
NAME OF PERSON MAKING STATEMENT (If other than above wage earner, self-employed person, or SSI claimant)	RELATIONSHIP TO WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT
ण उठा Gaillaitt)	FERSON, OR SSI CLAHVIANT
Understanding that this statement is fauther use of the	Cooled Coounity Administration
Understanding that this statement is for the use of the	Social Security Administration, I nereby
certify that -	

the Paperwork Reduction Act Statement - This information confection in the Paperwork Reduction Act of 1995. You do not need to answer the Budget control number. We estimate that it will take about 15 minute: SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL Sagencies in your telephone directory or you may call Social Securit above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Sthe completed form.	s to read the instructions, gather the facts, and answer the questions. ECURITY OFFICE. The office is listed under U. S. Government y at 1-800-772-1213. You may send comments on our time estimate
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.	
SIGNATURE OF PERSON MAKING STATEMENT	
Signature (First name, middle initial, last name) (Write in ink)	Date (Month, day, year)
SIGN HERE	Telephone Number (Include Area Code)
Mailing Address (Number and street, Apt. No., P.O. Box, Rural Route)	
City and State	ZIP Code
Witnesses are required ONLY if this statement has bee witnesses to the signing who know the individual mus	n signed by mark (X) above. If signed by mark (X), two t sign below, giving their full addresses.
1. Signature of Witness	2. Signature of Witness
Address (Number and street, City, State, and ZIP Code)	Address (Number and street, City, State, and ZIP Code)