

TRANSLATION REQUEST

TO:

SOCIAL SECURITY ADMINISTRATION

Use one of the following:

1. Central Translation Section
P.O. Box 17759
Baltimore, Maryland 21235
FAX: 410-966-0526 or
410-966-6032
2. Processing Center
(*Show complete address*)
3. District Office
(*Show complete address*)

A. REQUEST FOR ASSISTANCE - (To be completed by requesting office.)		Check if appropriate <input type="checkbox"/> Aged Case - Expedite
Name of Wage Earner		Social Security Number - -
1. Date	2 (a). Language	(b) Type of Translation Required <input type="checkbox"/> Extract <input type="checkbox"/> Verbatim
3. Person(s) for whom proof is submitted (<i>If married woman, include maiden name</i>)		
4. Address of claimant		
5. Fact(s) to be proved <input type="checkbox"/> Date of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Other (<i>specify</i>) _____		6. Alleged date event in A-5 occurred
B. IF THE ORIGINAL DOCUMENT OR A CERTIFIED PHOTOCOPY OF THE ORIGINAL DOCUMENT IS NOT BEING SENT TO THE PROCESSING CENTER WITH THE TRANSLATION, EXPLAIN BELOW.		
<input type="checkbox"/> Document too large to photocopy		
<input type="checkbox"/> Document cannot be photocopied because _____		
Signature	Title	Date

FROM:

SOCIAL SECURITY ADMINISTRATION

SHOW COMPLETE MAILING ADDRESS TO WHICH TRANSLATION AND DOCUMENT ARE TO BE RETURNED

- Return document directly to claimant. Envelope or label is provided.

Telephone Number

 Fax

C. EVALUATION - (To be completed by authorized translator)

1. (a) If **original document** is being translated, does it appear to be genuine and unaltered and made at the time purported? Yes No

(b) If **photocopy** is being translated, is there any basis for not accepting the photocopy as evidence for the facts it purports to establish (e.g., are the appearance, format, manner of certification, or entries inconsistent with the same type of record provided by the same source)? If answered "Yes", explain the irregularities below. Yes No

2. Describe and explain any irregularities in document:

D. TRANSLATION - (To be completed by authorized translator)

1. Identification of document:

(a) Type of document	(b) Date document issued
(c) Date event recorded, if actually shown on document	(d) Source of information (Show book, volume, page number, etc.)
(e) Title of official executing document	(f) Name and address of issuing agency

2. This document contains the following information in _____ :
(Language)

(All pertinent information on the document must be translated. Do not infer any information not actually shown on the document).

DOCUMENT RETURNED TO CLAIMANT AS REQUESTED

Signature of authorized translator	Title	Date
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