

Date of request:

Social Security Administration  
OEO FOIA Workgroup  
300 N. Green Street  
P.O. Box 33022  
Baltimore, Maryland 21290-3022

Please send me a photocopy of the actual application for a Social Security card (Form SS-5--Social Security Number Record Third Party Request for Photocopy) filed by the person listed below.

I obtained this information from the Social Security Death Master file at RootsWeb.com, Inc. who obtained it from the Social Security Death Master file, originally compiled by the Social Security Administration.

My understanding is that the fee is \$27, when the Social Security number is provided or \$29 if the Social Security number is unknown or incorrect. Enclosed is a check or money order for \$\_\_\_\_\_, made payable to the Social Security Administration.

Thank you for your assistance.

Data pertaining to the decedent:

Name, last name first:

SSN:

Birth Date:

Death Date:

Sincerely,

Your Address:

Daytime Phone Number: