SOCIAL SECURITY ADMINISTRATION

## **CHILD RELATIONSHIP STATEMENT**

TOE 120

		CHILD RELA	TIONSHIP STATEMENT			orm Approved MB No. 0960	
resp form The Secu and	onse is v infor urity impr	to the following questions will be used to hel oluntary. Failure to provide all or any part of tl mation you furnish may be disclosed by Socia in establishing the right of an individual to Soc	puested by this form is authorized by Section 210 p establish the child's relationship to the worker he requested information will hinder the develop il Security to another person or to another govern cial Security benefits: (2) to facilitate statistical r , the Bureau of the Census): and (3) to comply v General Accounting Office).	on whose ment of th nmental ag esearch a	e record a claim has be ne child's claim and m gency for the followin nd audit activities nec	een filed. Compl ay result in deni g purposes: (1) essary to assure	letion of this ial of the claim. to assist Social e the integrity
loca	l gov		e match records by computer. Matching program natching programs to find or prove that a person				
		ons about these and other reasons why inforn out this, contact any Social Security office.	nation you provide us may be used or given out	are availal	ble in Social Securitey	offices. If you	want to learn
Redu it wi SEC	i <u>ctior</u> Il tak	<u>1 Act of 1995</u> . You do not need to answer the e about 15 minutes to read the instructions, g Y OFFICE. To find the nearest office, call 1-80	collection meets the requirements of 44 U.S.C. see questions unless we display a valid Office of ather the facts, and answer the questions. <b>SENI</b> 00-772-1213. <i>Send <u>only</u> comments on our time o</i>	Managem <b>) THE CO</b>	ent and Budget contro MPLETED FORM TO Y	ol number. We e OUR LOCAL SO	estimate that DCIAL
PRINT WAGE EARNER'S NAME				WAGE EARNER'S SOCIAL SECURITY NUMBER			
List	belo	ow all children of the wage earner (herea	ifter referred to as the worker) for whom y	ou are re	auesting benefits.		
		F CHILD OR CHILDREN					
orde that que forr	ered the stior n foi	by a court to contribute to the child's su child is his or her son or daughter; or (4 hs below are designed to help Social Sec any comments you wish to make.	s if: (1) the worker was decreed by a cour upport because the child is his or her son o t) the child is living with or receiving contri- curity determine if the child can meet these	or daught ibutions t	ter; or (3) the work from his or her pare	er acknowledg ent at certain t tem 4 on the	ged in writing times. The reverse of this
	if "	s the worker ever decreed by a cour YES, " please submit a copy of that decree. (If "YES," omit items 2,3, a	decree or give us the name of the cou	urt and t	the date of	YES	NO
	<i>if</i> " <i>the</i> If y plet	decree. (If "YES," omit items 3 and ou answer "YES" to any of the o the Item 4 on the reverse side of the	decree or give us the name of the cou	e docu answei	ment if available r explain in Item	n 4.	
3.	a)		ion with or make a statement to the \ to any government agency in which h		3		
	(6)		· · · · · · · · · · · · · · · · · · ·			YES	NO
	(D)		to anyone that you know of in which ughter or referred to himself/herself as			YES	NO
			a family tree or other family record? s a dependent on a tax return?			YES YES	
			s a dependent on a tax returns isurance policies on the child or make				
	( • •		e policy?			YES	NO
	(f) (g)		ting the child beneficiary			YES YES	
	(h)	Did the worker ever list the child or	n any applications for employment? .			YES	NO
	(i)	-	ild in school or place of worship or sig	-		YES	ΝΟ
	(j)	Did the worker ever take the child t	to a doctor's or dentist's office or to a	a hospit	al and	☐ YES	
	(k)	Did the worker accept responsibility	y for or pay the child's hospital expen the child's birth certificate?	ses at b	oirth or		
	(I)	Do you know of any other written	evidence of any kind which would sho er? (The information need not have be	ow that	the child		
	(m)		er admitted orally that he/she was the			YES	NO NO
		child?				YES	NO
	(n)		ubstantial contributions to the child's ibutions at that time the worker died?			YES	NO NO

4.	If you answered "YES," to any of the questions in Item 3 identify the question (e.g., "3(a)") and supply detailed information below. For example: You should provide the names and addresses of government agencies, doctors, hospitals, schools, etc. where appropriate. The approximate date of the event and the surrounding circumstances should be indicated. The information should be in sufficient detail to enable us to locate the document or evidence remembering the final responsibility for supplying this evidence is yours. Where more than one child is filing for benefits identify below the child to whom the evidence pertains.

NAME OF PERSON COMPLETING FORM	DATE		
ADDRESS (NUMBER AND STREET OR P.O. BOX, OR RURAL ROUTE)	TELEPHONE NO. & AREA CODE		
CITY AND STATE	ZIP CODE		

## 5. FOR DISTRICT OFFICE USE ONLY

A. Explain all development taken as a result of "YES" answers. Questions 3(I) and 3(m) are designed to uncover sources of "Other Evidence" of parentage where the child was living with or receiving contributions from the worker at the appropriate times, or to uncover other sources of an acknowledgement in writing by the worker.

B. Outline all other pertinent relationship development made on this claim. (This suffices for the required RC.) When considering the status of an out-of-wedlock child, you may not disallow the child until you consider applicable State intestacy law.

State of Domicile: