

APPLICATION FOR LUMP-SUM DEATH PAYMENT*

I apply for all insurance benefits for which I am eligible under Title II (Federal Old-Age, Survivors, and Disability Insurance) of the Social Security Act, as presently amended, on the named deceased's Social Security record.

(This application must be filed within 2 years after the date of death of the wage earner or self-employed person.)

*This may also be considered an application for insurance benefits payable under the Railroad Retirement Act.

1.	(a) PRINT name of Deceased Wage Earner or Self-Employed Person _____ (herein referred to as the "deceased")	FIRST NAME, MIDDLE INITIAL, LAST NAME
	(b) Check (✓) one for the deceased _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	(c) Enter deceased's Social Security Number _____	
2.	PRINT your name _____	FIRST NAME, MIDDLE INITIAL, LAST NAME
3.	Enter date of birth of deceased (Month, day, year) _____	
4.	(a) Enter date of death (Month, day, year) _____	
	(b) Enter place of death (City and State) _____	
5.	(a) Did the deceased ever file an application for Social Security benefits, a period of disability under Social Security, supplemental security income, or hospital or medical insurance under Medicare? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If "Yes," answer (b) and (c).) (If "No" or "Unknown," go on to item 6.)
	(b) Enter name(s) of person(s) on whose Social Security record(s) other application was filed. _____	FIRST NAME, MIDDLE INITIAL, LAST NAME
	(c) Enter Social Security Number(s) of person(s) named in (b). (If unknown, so indicate) _____	
6.	ANSWER ITEM 6 ONLY IF THE DECEASED WORKED WITHIN THE PAST 2 YEARS.	
	(a) About how much did the deceased earn from employment and self-employment during the year of death? _____	AMOUNT \$
	(b) About how much did the deceased earn the year before death? _____	AMOUNT \$
7.	ANSWER ITEM 7 ONLY IF THE DECEASED DIED PRIOR TO AGE 66 AND WITHIN THE PAST 4 MONTHS.	
	(a) Was the deceased unable to work because of a disabling condition at the time of death? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer (b).) (If "No," go on to item 8.)
	(b) Enter date disability began (Month, day, year) _____	
8.	(a) Was the deceased in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer (b) and (c).) (If "No," go on to item 9.)
	(b) Enter dates of service. _____	From: (Month, Year) To: (Month, Year)
	(c) Has anyone (including the deceased) received, or does anyone expect to receive, a benefit from any other Federal agency? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Did the deceased work in the railroad industry for 7 years or more? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. (a) Did the deceased ever engage in work that was covered under the social security system of a country other than the United States? Yes No
 (If "Yes," answer (b).) (If "No," go on to item 11.)

(b) If "Yes," list the country(ies).

11. Is the deceased survived by a spouse or ex-spouse? (If "No," go on to item 12; If "Yes," give the following information about all marriages of the deceased including marriage in effect at time of death.) (If you need more space, use "Remarks" section on back page or attach a separate sheet.) Yes No

To whom married (Name at Birth)		When (Month, day, year)	Where (Enter name of City and State)
Last marriage of the deceased	How marriage ended	When (Month, day, year)	Where (Enter name of City and State)
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)	
	Spouse's Social Security Number (If none or unknown, so indicate)		

To whom married		When (Month, day, year)	Where (Enter name of City and State)
Previous marriage of the deceased If none, write "None."	How marriage ended	When (Month, day, year)	Where (Enter name of City and State)
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)	If spouse deceased, give date of death
	Spouse's Social Security Number (If none or unknown, so indicate)		

12. The deceased's surviving children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) may be eligible for benefits based on the earnings record of the deceased.

List below ALL such children who are now or were in the past 12 months UNMARRIED and:
 • UNDER AGE 18 • AGE 18 TO 19 AND ATTENDING SECONDARY SCHOOL
 • DISABLED OR HANDICAPPED (age 18 or over and disability began before age 22)
 (If none, write "None.")

Full Name of Child	Full Name of Child

13. Is there a surviving parent (or parents) of the deceased who was receiving support from the deceased either at the time the deceased became disabled under the Social Security law or at the time of death? Yes No
 (If "Yes," enter the name and address of the parent(s) in "Remarks".)

14. Have you filed for any Social Security benefits on the deceased's earnings record before? Yes No

NOTE: If there is a surviving spouse, continue with item 15. If not, skip items 15 through 18.

15. If you are not the surviving spouse, enter the surviving spouse's name and address here

16. (a) Were the deceased and the surviving spouse living together at the same address when the deceased died? Yes No
 (If "Yes," go on to item 17.) (If "No," answer (b).)

(b) If either the deceased or surviving spouse was away from home (whether or not temporarily) when the deceased died, give the following:

Who was away? Deceased Surviving spouse

Date last home	Reason absence began	Reason they were apart at time of death
----------------	----------------------	---

If separated because of illness, enter nature of illness or disabling condition.

