

## TRANSLATION REQUEST

TO:

SOCIAL SECURITY ADMINISTRATION

Use one of the following:

1. Central Translation Services  
P.O. Box 1756  
Baltimore, Maryland 21203
2. Processing Center  
(Show complete address)
3. District Office  
(Show complete address)

<b>A. REQUEST FOR ASSISTANCE - (To be completed by requesting office.)</b>		Check if appropriate <input type="checkbox"/> Aged Case-Expedite
NAME OF WAGE EARNER		SOCIAL SECURITY NUMBER
1. DATE	2(a) LANGUAGE	1(b) TYPE OF TRANSLATION REQUIRED <input type="checkbox"/> EXTRACT <input type="checkbox"/> VERBATIM
3. PERSON(S) FOR WHOM PROOF IS SUBMITTED (If married woman, include maiden name)		
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 (specify)		6. ALLEGED DATE EVENT IN A-5 OCCURRED
<b>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.</b>		
_____ Document too large to photocopy.		
_____ 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:

 FTS