

# Formal Death Benefits Claim to SSA

Subject: Application for Survivor Benefits - Social Security Number [SSN]

Dear Social Security Administration,

I am writing to report the death of [Deceased's Full Name] and to apply for survivor benefits. The deceased held Social Security Number [SSN] and passed away on [Date of Death].

I am [Relationship to deceased] and believe I may be eligible for survivor benefits. My information is as follows:

- Full Name: [Your Full Name]
- Social Security Number: [Your SSN]
- Date of Birth: [Your DOB]
- Relationship to deceased: [Relationship]

I am requesting the following benefits:

- Lump sum death payment
- Monthly survivor benefits (if applicable)
- Any other applicable benefits

Enclosed please find:

- Certified copy of death certificate
- Copy of my identification
- Marriage certificate (if applicable)
- Birth certificates of dependent children (if applicable)

Please inform me of any additional documentation required and schedule an appointment if necessary. I can be reached at [Phone Number] or [Address].

Thank you for your prompt attention to this matter.

Respectfully,

[Your Full Name]

[Date]

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