

Declaration of Dependents Form

This **declaration of dependents form** sample is designed to help individuals accurately report their dependents when applying for Social Security benefits. It ensures all necessary information is provided to verify eligibility and calculate benefit amounts. Using this form correctly can streamline the application process and avoid potential delays.

Applicant Information

Full Name:

Social Security Number:

Date of Birth:

Address:

Dependent Information

Full Name	Relationship	Date of Birth	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Certification

I hereby certify that the information provided above is true and correct to the best of my knowledge. I understand that providing false information can result in penalties or loss of benefits.

Signature:

Date:

Submit