

THIS FILE IS MADE AVAILABLE THROUGH THE DECLASSIFICATION EFFORTS AND RESEARCH OF:

THE BLACK VAULT

THE BLACK VAULT IS THE LARGEST ONLINE FREEDOM OF INFORMATION ACT / GOVERNMENT RECORD CLEARING HOUSE IN THE WORLD. THE RESEARCH EFFORTS HERE ARE RESPONSIBLE FOR THE DECLASSIFICATION OF THOUSANDS OF DOCUMENTS THROUGHOUT THE U.S. GOVERNMENT, AND ALL CAN BE DOWNLOADED BY VISITING:

[HTTP://WWW.BLACKVAULT.COM](http://www.blackvault.com)

YOU ARE ENCOURAGED TO FORWARD THIS DOCUMENT TO YOUR FRIENDS, BUT PLEASE KEEP THIS IDENTIFYING IMAGE AT THE TOP OF THE .PDF SO OTHERS CAN DOWNLOAD MORE!



SOCIAL SECURITY

Refer to:
S9H: AJ1104

March 18, 2013

Mr. John R. Greenewald
[REDACTED]
[REDACTED]

Dear Mr. Greenewald:

I am responding to your Internet Freedom of Information Act (FOIA) request for any documents pertaining to the death information on Mr. Adam Lanza.

I am enclosing two documents responsive to your request.

If you disagree with this decision on your FOIA request, you may appeal it. Mail the appeal within 30 days after you receive this letter to the Executive Director for the Office of Privacy and Disclosure, Social Security Administration, 617 Altmeyer Building, 6401 Security Boulevard, Baltimore, Maryland 21235. Mark the envelope "Freedom of Information Appeal."

Sincerely,

Dawn S. Wiggins
Freedom of Information Officer

Enclosure

Input to DTMA
and shared 1/18/13.

SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0142

STATEMENT OF DEATH BY FUNERAL DIRECTOR

NAME OF DECEASED <i>Adam P. Lanza</i>	SOCIAL SECURITY NUMBER <i>002-84-5443</i>
<p>Please complete the items below, and return the form in the enclosed addressed, postage paid envelope. Your assistance and cooperation are appreciated.</p>	

PRIVACY ACT/PAPERWORK ACT NOTICE: The information on this form is authorized by Section 404.715 and 404.720 of the Federal Regulations (20 CFR 404.715 and 404.720). While your response is voluntary, we need your assistance to make an accurate and time determination concerning the death of the individual named above, and to determine if there are survivors who may be eligible for Social Security benefits.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3.5 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

1. NAME OF DECEASED <i>Adam P. Lanza</i>		2. SOCIAL SECURITY NUMBER <i>002-84-5443</i>	
3. DATE OF DEATH <i>12/13/12</i>	4. DATE OF BIRTH (if known) <i>4/22/92</i>	5. Check (x) whether the deceased was <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
6. NAME OF WIDOW OR WIDOWER (if known)			
7. ADDRESS (No. and Street, P.O. Box) OF WIDOW OR WIDOWER (if known)			

CITY	STATE	ZIP CODE	TELEPHONE NUMBER (if Available)
			() area code

I hereby certify that I am an authorized funeral director and prepared for final disposition the body of the person named above. I understand this statement may be used in connection with an application for Social Security benefits. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or cause someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

NAME AND ADDRESS OF FUNERAL DIRECTOR OR FIRM <i>Brookside Chapel & Funeral Home</i> <i>116 Main St.</i> <i>Plaistow, NH 03865</i>	SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE <i>[Signature]</i>
TELEPHONE NUMBER <i>603-382-2233</i>	DATE <i>1/15/13</i>

FOR SOCIAL SECURITY USE ONLY - DO NOT WRITE IN THIS SPACE

Amended 1/24/13 - (Jms)

SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0142

STATEMENT OF DEATH BY FUNERAL DIRECTOR

NAME OF DECEASED <i>Adam P. Lanza</i>	SOCIAL SECURITY NUMBER <i>002-84-5443</i>
	FOR SSA USE ONLY
	Please complete the items below, and return the form in the enclosed addressed, postage paid envelope. Your assistance and cooperation are appreciated.

PRIVACY ACT/PAPERWORK ACT NOTICE: The information on this form is authorized by Section 404.715 and 404.720 of the Federal Regulations (20 CFR 404.715 and 404.720). While your response is voluntary, we need your assistance to make an accurate and timely determination concerning the death of the individual named above, and to determine if there are survivors who may be eligible for Social Security benefits.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3.5 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

1. NAME OF DECEASED <i>Adam P. Lanza</i>		2. SOCIAL SECURITY NUMBER <i>002-84-5443</i>	
3. DATE OF DEATH <i>12/14/2012</i>	4. DATE OF BIRTH (if known) <i>4/22/1992</i>	5. Check (x) whether the deceased was <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
6. NAME OF WIDOW OR WIDOWER (if known)			
7. ADDRESS (No. and Street, P.O. Box) OF WIDOW OR WIDOWER (if known)			

CITY	STATE	ZIP CODE	TELEPHONE NUMBER (if Available)
			() - area code

I hereby certify that I am an authorized funeral director and prepared for final disposition the body of the person named above. I understand this statement may be used in connection with an application for Social Security benefits. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

NAME AND ADDRESS OF FUNERAL DIRECTOR OR FIRM <i>Brookside Chapel & Funeral Home</i> <i>116 Main St.</i> <i>Plaistow, NH 03865</i>	SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE <i>Auzanne M. Duquette</i>
TELEPHONE NUMBER <i>(603) 382-2233</i> area code	DATE <i>1/24/13</i>

FOR SOCIAL SECURITY USE ONLY - DO NOT WRITE IN THIS SPACE

DO Processed (Date)