

[Your Name/Law Firm Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Date]

Social Security Administration

[Local Office Address]

[City, State, Zip Code]

RE: Letter of Representation

Claimant Name: [Claimant's Full Name]

Claimant SSN: [Claimant's Social Security Number]

Deceased Insured Name: [Deceased Person's Full Name]

Deceased Insured SSN: [Deceased Person's Social Security Number]

Claim Type: Survivor Benefits

To Whom It May Concern:

Please be advised that I represent [**Claimant's Name**] in their claim for Social Security Survivor Benefits.

Enclosed with this letter, please find the executed Form SSA-1696 (Appointment of Representative) authorizing me to act on the claimant's behalf.

I request that you direct all future correspondence, notices, and requests for information regarding this claim to my office at the address listed above. Please provide me with a copy of the claimant's file and any status updates regarding the pending application.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Title/Bar Number if applicable]

Enclosure: Form SSA-1696