



KEN PAXTON

ATTORNEY GENERAL OF TEXAS

SOCIAL SECURITY AFFIRMATION

Please complete the following questions and provide the requested information:

CLAIM NUMBER:

VICTIM:

CLAIMANT: Madeline Nicole Brown

SOCIAL SECURITY VERIFICATION

Do you have a social security number or tax identification (tax id)? ☒ Yes ☐ No

If yes, please provide victim and claimants social security number: **637581825**

NAME	RELATION TO VICTIM	SOCIAL SECURITY NUMBER/TAX ID
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have a tax id number provide a copy of the awarded letter that you received. If you or one of the other claimants have a social security number, please provide a copy of the card. Write the social security number across the card, since duplication will provide a distorted number on the card.

THIS FORM MUST BE COMPLETED, SIGNED AND DATED BEFORE WE ARE ABLE TO RELEASE THE CLAIM FOR ANY BENEFITS OR PAYMENTS. IF THIS INFORMATION SHOULD CHANGE, YOU ARE OBLIGATED TO NOTIFY OUR OFFICE (CVC) IN WRITING. FAILURE TO NOTIFY CVC OF CHANGES IN THIS INFORMATION MAY RESULT IN DENIAL OF FUTURE BENEFITS.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

Madeline Nicole Brown

PRINT NAME

12/28/2025

DATE

Madeline Brown

SIGNATURE

Rev. 5/19/15