

## Application for a Social Security Card

<b>1</b>	<b>NAME TO BE SHOWN ON CARD</b>		First	Full Middle Name	Last	
	<b>FULL NAME AT BIRTH IF OTHER THAN ABOVE</b>		First	Full Middle Name	Last	
	<b>OTHER NAMES USED</b>					
<b>2</b>	Social Security number previously assigned to the person listed in item 1					
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate)			Office Use Only	<b>4</b>	<b>DATE OF BIRTH</b>
	City	State or Foreign Country		FCI		
<b>5</b>	<b>CITIZENSHIP</b> (Check One)		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)			
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7</b>	<b>RACE</b> Select One or More (Your Response is Voluntary)		
				<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian		
<b>8</b>	<b>SEX</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female			
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>		First	Full Middle Name	Last	
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9B on Page 3)					<input type="checkbox"/> Unknown
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>		First	Full Middle Name	Last	
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)					<input type="checkbox"/> Unknown
<b>11</b>	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)					
<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last	
<b>13</b>	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY		
<b>14</b>	<b>TODAY'S DATE</b> MM/DD/YYYY		<b>15</b>		<b>DAYTIME PHONE NUMBER</b>	
<b>16</b>		<b>MAILING ADDRESS</b>				
		Street Address, Apt. No., PO Box, Rural Route No.				
<b>17</b>		City				
		State/Foreign Country			ZIP Code	
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.						
<b>18</b>		<b>YOUR SIGNATURE</b>				
		<b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b>				
<b>PRINT &amp; HAND SIGN YOUR SIGNATURE</b>		<input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____				

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)						
NPN		DOC		NTI		CAN
PBC		EVI	EVA	EVC	PRA	ITV
NWR		DNR		UNIT		
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
				DATE		
				DCL		
				DATE		