

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> → <small>TO BE SHOWN ON CARD</small>		First	Full Middle Name	Last
	<b>FULL NAME AT BIRTH</b> <small>IF OTHER THAN ABOVE</small>		First	Full Middle Name	Last
	<b>OTHER NAMES USED</b>				
<b>2</b>	<b>MAILING ADDRESS</b> → <small>Do Not Abbreviate</small>		Street Address, Apt. No., PO Box, Rural Route No.		
			City	State	Zip Code
<b>3</b>	<b>CITIZENSHIP</b> → <small>(Check One)</small>	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien <b>Not</b> Allowed To Work (See Instructions On Page 1) <input type="checkbox"/> Other (See Instructions On Page 1)			
<b>4</b>	<b>SEX</b> →	<input type="checkbox"/> Male <input type="checkbox"/> Female			
<b>5</b>	<b>RACE/ETHNIC DESCRIPTION</b> → <small>(Check One Only - Voluntary)</small>	<input type="checkbox"/> Asian, Asian-American or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> North American Indian or Alaskan Native <input type="checkbox"/> White (Not Hispanic)			
<b>6</b>	<b>DATE OF BIRTH</b> → <small>Month, Day, Year</small>	<b>7</b>	<b>PLACE OF BIRTH</b> → <small>(Do Not Abbreviate)</small>		<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> Office Use Only
<b>8</b>	<b>A. MOTHER'S MAIDEN NAME</b> →	First	Full Middle Name	Last Name At Her Birth	
	<b>B. MOTHER'S SOCIAL SECURITY NUMBER</b> →	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="margin: 0 5px;">—</div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="margin: 0 5px;">—</div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div>			
<b>9</b>	<b>A. FATHER'S NAME</b> →	First	Full Middle Name	Last	
	<b>B. FATHER'S SOCIAL SECURITY NUMBER</b> →	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="margin: 0 5px;">—</div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="margin: 0 5px;">—</div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div>			
<b>10</b>	Has the applicant 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 11-13.) <input type="checkbox"/> No (If "no", go on to question 14.) <input type="checkbox"/> Don't Know (If "don't know", go on to question 14.)				
<b>11</b>	Enter the Social Security number previously assigned to the person listed in item 1. →		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="margin: 0 5px;">—</div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="margin: 0 5px;">—</div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div>		
<b>12</b>	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. →		First	Middle Name	Last
<b>13</b>	Enter any different date of birth if used on an earlier application for a card. →		<div style="border-bottom: 1px solid black; width: 100%;"></div> <small>Month, Day, Year</small>		
<b>14</b>	<b>TODAY'S DATE</b> → <small>Month, Day, Year</small>		<b>15</b>	<b>DAYTIME PHONE NUMBER</b> ( ) → <small>Area Code      Number</small>	
<b>16</b>	DELIBERATELY FURNISHING (OR CAUSING TO BE FURNISHED) FALSE INFORMATION ON THIS APPLICATION IS A CRIME PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH.				
	<b>YOUR SIGNATURE</b> ▶		<b>17 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</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	ITV
PBC	EVI	EVA	EVC	PRA	NWR    DNR    UNIT
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
				DATE	
				DCL      DATE	