

## APPLICATION FOR RETIREMENT INSURANCE BENEFITS

(Do not write in this space)

I apply for all insurance benefits for which I am eligible under Title II (Federal Old-Age, Survivors, and Disability Insurance) and Part A of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act, as presently amended.

☐ Supplement. If you have already completed an application entitled "APPLICATION FOR WIFE'S OR HUSBAND'S INSURANCE BENEFITS", you need complete only the circled items. All other claimants must complete the entire form.

1.	(a) PRINT your name	FIRST NAME, MIDDLE INITIAL, LAST NAME JOHN DOE
	(b) Check (X) whether you are	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
2.	Enter your Social Security number	006-78-8319

**Answer question 3 if English is not your language preference. Otherwise, go to item 4.**

3.	Enter the language you prefer to: Speak English	Write English
4.	(a) Enter your date of birth	Month, Day, Year
	(b) Enter name of city and state, or foreign country where you were born.	
	(c) Was a public record of your birth made before you were age 5?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	(d) Was a religious record of your birth made before you were age 5?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
5.	(a) Are you a U.S. citizen?	<input type="checkbox"/> Yes (Go to item 7.) <input type="checkbox"/> No (Go to item (b).)
	(b) Are you an alien lawfully present in U.S.?	<input type="checkbox"/> Yes (Go to item (c)) <input type="checkbox"/> No (Go to item 6)
	(c) When were you lawfully admitted to the U.S.?	
6.	Enter your full name at birth if different from item 1(a)	FIRST NAME, MIDDLE INITIAL, LAST NAME
7.	(a) Have you used any other name(s)?	<input type="checkbox"/> Yes (Go to item (b).) <input type="checkbox"/> No (Go to item 8.)
	(b) Other names(s) used.	
8.	(a) Have you used any other Social Security number(s)?	<input type="checkbox"/> Yes (Go to item (b)) <input type="checkbox"/> No (Go to item 9.)
	(b) Enter Social Security number(s) used.	107-42-5224

(Over)