Application for a Social Security Card

1	**NAME** TO BE SHOWN ON CARD	First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED			

2 Social Security number previously assigned to the person listed in item 1

3	**PLACE OF BIRTH** (Do Not Abbreviate) City State or Foreign Country	Office Use Only FCI	**4**	**DATE OF BIRTH** MM/DD/YYYY

5 CITIZENSHIP (Check One)
☐ U.S. Citizen ☐ Legal Alien Allowed To Work ☐ Legal Alien **Not** Allowed To Work(See Instructions On Page 3) ☐ Other (See Instructions On Page 3)

6 ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary)
☐ Yes ☐ No

7 RACE Select One or More (Your Response is Voluntary)
☐ Native Hawaiian ☐ American Indian ☐ Other Pacific Islander
☐ Alaska Native ☐ Black/African American ☐ White
☐ Asian

8 SEX ☐ Male ☐ Female

9	**A. PARENT/ MOTHER'S NAME AT HER BIRTH**	First	Full Middle Name	Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3)			☐ Unknown

10	**A. PARENT/ FATHER'S NAME**	First	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)			☐ Unknown

11 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?
☐ Yes (If "yes" answer questions 12-13)   ☐ No   ☐ Don't Know (If "don't know," skip to question 14.)

12	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last

13 Enter any different date of birth if used on an earlier application for a card _____ MM/DD/YYYY

14 TODAY'S DATE _____ MM/DD/YYYY   **15 DAYTIME PHONE NUMBER** _____ Area Code   Number

16	**MAILING ADDRESS** (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No.
		City State/Foreign Country ZIP Code

17 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.

YOUR SIGNATURE

18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:
☐ Self ☐ Natural Or Adoptive Parent ☐ Legal Guardian ☐ 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