

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

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	MAILING ADDRESS → Do Not Abbreviate	Street Address, Apt. No., PO Box, Rural Route No.			
		City	State	Zip Code	
3	CITIZENSHIP → (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 1)	<input type="checkbox"/> Other (See Instructions On Page 1)
4	SEX →	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
5	RACE/ETHNIC DESCRIPTION → (Check One Only - Voluntary)	<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
6	DATE OF BIRTH → Month, Day, Year	7	PLACE OF BIRTH → (Do Not Abbreviate)		Office Use Only
			City	State or Foreign Country	
8	A. MOTHER'S MAIDEN NAME →	First	Full Middle Name		Last Name At Her Birth
	B. MOTHER'S SOCIAL SECURITY NUMBER →	<input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
9	A. FATHER'S NAME →	First	Full Middle Name		Last
	B. FATHER'S SOCIAL SECURITY NUMBER →	<input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
10	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.)				
11	Enter the Social Security number previously assigned to the person listed in item 1. →	<input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
12	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. →	First	Middle Name		Last
13	Enter any different date of birth if used on an earlier application for a card. →	Month, Day, Year			
14	TODAY'S DATE → Month, Day, Year	15	DAYTIME PHONE NUMBER () → Area Code Number		
16	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.		17 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify)		
16	YOUR SIGNATURE ►				