

## Application for a Social Security Card

|   |   |   |   |  |
|---|---|---|---|--|
| <b>1</b>  | <b>NAME</b><br>TO BE SHOWN ON CARD  | First   | Full Middle Name  | Last   |
|   | FULL NAME AT BIRTH<br>IF OTHER THAN ABOVE   | First   | Full Middle Name  | Last   |
|   | OTHER NAMES USED  |   |   |  |
| <b>2</b>  | Social Security number previously assigned to the person listed in item 1   |   |   |  |
| <b>3</b>  | <b>PLACE OF BIRTH</b><br>(Do Not Abbreviate)      City      State or Foreign Country  |   | Office<br>Use Only  | <b>4</b><br><b>DATE OF BIRTH</b><br><br>MM/DD/YYYY |
|   |   |   | FCI   |  |
| <b>5</b>  | <b>CITIZENSHIP</b><br>(Check One)   | <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 3) <input type="checkbox"/> Other (See Instructions On Page 3) |   |  |
| <b>6</b>  | <b>ETHNICITY</b><br>Are You Hispanic or Latino?<br>(Your Response is Voluntary)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>7</b>  | <b>RACE</b>   |  |
|   |   |   | Select One or More (Your Response is Voluntary)<br><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander<br><input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White<br><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?<br><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><br>MM/DD/YYYY   | <b>15</b>   | <b>DAYTIME PHONE NUMBER</b><br>Area Code    Number  |  |
| <b>16</b>                                       | <b>MAILING ADDRESS</b><br>(Do Not Abbreviate)   | Street Address, Apt. No., PO Box, Rural Route No.   |   |  |
|   |   | City  | State/Foreign Country   | ZIP Code   |
| <b>17</b>                                       | 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>YOUR SIGNATURE</b>   | <b>18</b>   | <b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b><br><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   |  |