

Application for a Social Security Card

1	NAME TO BE SHOWN ON CARD	First Your New First Name	Full Middle Name Your New Middle Name	Last Your New Last Name
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First Your Old First Name	Full Middle Name Your Old Middle Name	Last Your Old Last Name
	OTHER NAMES USED			
2	Social Security number previously assigned to the person listed in item 1		Your Social Security Number	
3	PLACE OF BIRTH (Do Not Abbreviate)	Birth City City	Birth State/Country State or Foreign Country	Office Use Only FCI
4	DATE OF BIRTH	Date of Birth MM/DD/YYYY		
5	CITIZENSHIP (Check One)	<input checked="" 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 3) <input type="checkbox"/> Other (See Instructions On Page 3)		
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian
8	SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female ← Check One		
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH	First Mothers Full Name On Birth Certificate	Full Middle Name	Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3)	Mothers Social Security Number <input type="checkbox"/> Unknown		
10	A. PARENT/ FATHER'S NAME	First Fathers Full Name On Birth Certificate	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)	Fathers Social Security Number <input type="checkbox"/> 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? <input checked="" 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.)			
12	Name shown on the most recent Social Security card issued for the person listed in item 1	First Your Old Full Legal Name	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 Today's Date MM/DD/YYYY	15	DAYTIME PHONE NUMBER	Your Phone Number Area Code Number
16	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No. Your Full Street Address City Your City State/Foreign Country Your State/Country ZIP Code Your 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.			
17	YOUR SIGNATURE Your New Legal Signature	18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input checked="" 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	