

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 | 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 | 4 | DATE OF BIRTH MM/DD/YYYY | |
| | | | | FCI | | | |
| 5 | 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 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"/> Alaska Native <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White | |
| 8 | SEX | | <input type="checkbox"/> Male | <input type="checkbox"/> 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 9 B on Page 3) | | | | | <input type="checkbox"/> 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) | | | | | <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 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 | 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 | YOUR SIGNATURE | | | | | 18 | 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 _____ |
| | | | | | | | |

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 | | | |