

# SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved  
OMB No. 0980-0066

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 ON YOUR SOCIAL SECURITY CARD			

2 Social Security Number previously assigned to person listed in item 1 → \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3 PLACE OF BIRTH (Do Not Abbreviate) City \_\_\_\_\_ State or Foreign Country \_\_\_\_\_ FCI \_\_\_\_\_

4 DATE OF BIRTH 1/1/ - 1/1/ - 1/1/ Month, Day, Year

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 Ethnic Description: Are you Hispanic or Latino? (Your Response is Voluntary) Yes  No

7 Race: Select one or more (Your Response is Voluntary):  
 Alaska Native  Black/African American  Other Pacific Islander   
 American Indian  Native Hawaiian  White   
 Asian

8 SEX →  Male  Female

9 A. MOTHER'S NAME AT HER BIRTH → First \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last Name At Her Birth \_\_\_\_\_

B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 8B on Page 3) → \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  unknown

10 A. FATHER'S NAME → First \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last \_\_\_\_\_

B. FATHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3) → \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  unknown

11 Has the person 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 11-12)  No  Don't Know (If "don't know, skip to item 13.)

12 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 MAILING ADDRESS → Street Address, Apt. No., PO Box, Rural Route No. \_\_\_\_\_  
 Do Not Abbreviate City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_