

# 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	FCl	Office Use Only	4	DATE OF BIRTH	Month, Day, Year
	<p>1/1/11</p>							

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 (Your Response is Voluntary)	Are you Hispanic or Latino? Yes No	7	Race (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. 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		