

Welcome Screen (on page load)

Social Security Online **Social Security Card Application**

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Welcome!

The Application Process

- 1 Enter your information**

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- 2 Review & Submit**

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- 3 Next Steps**

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- 4 Track your application status**

Eu feugiat nulla facilisis at vero eros et accumsan. Use our [tracking system](#) to check the status of a submitted application.

Apply or Track

▼ **Apply for your card**

Quick Start

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Are you applying for yourself? Yes No

Does the applicant have a Social Security number? Yes No

Vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan et iusto odio dignissim qui blandit praesent luptat [Paperwork and Privacy Act](#)

Apply >

▶ **Track the status of your application**

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Welcome Screen (on track status click)

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- 1 Enter your information**

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Apply or Track

[▶ Apply for your card](#)

[▼ Track the status of your application](#)

Track your status. Vero eros et accumsan et iusto odio dignissim qui blandit praesent luptatum.

Confirmation Number:

Social Security Number:

[Track >](#)

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Application Status

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Application Status

Print

Applicant Name: Sheila Marie Green	Status: Your Application is Being Processed
Application Type: Social Security Card	Instructions to Applicant Lorem ipsum onsectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation allamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Lorem ipsum onsectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation allamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat.
Date of Submission: March 2, 2009 (30 Days Left to Complete Processing)	
Contact Numbers: Toll-Free: 1-800-772-1213 TTY: 1-800-325-0778 Monday - Friday: 7:00 a.m. to 7:00 p.m EST Except Federal Holidays	
Local Office: Social Security Suite 100 5 Park Center Court Owings Mills, MD 21117 Office Locator	
Office Hours: Monday - Friday: 8:30 a.m. to 3:30 p.m Except Federal Holidays	

Exit >


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Section 1

Social Security Online **Social Security Card Application**

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Section 1 | Section 2 | Section 3 | Review & Submit | Next Steps

 **Section 1** [< Back](#) [Next >](#)

Please provide your name and relationship to the Applicant.

First Middle Last Suffix Relationship to the Applicant

Name of Applicant (To be shown on card)

First Middle Last Suffix Was this name used at birth? Yes No

What was the Applicant's full name at birth?

First Middle Last Suffix

Has the Applicant ever used any other name(s) on a Social Security card?

Yes No

Enter the other name(s) used on any prior Social Security card(s). [More info](#)

First Middle Last Suffix

First Middle Last Suffix [Remove Name](#)

First Middle Last Suffix [Remove Name](#)

I am finished adding names

Select the name that is shown on the current Social Security card


Names List

- Sheila Marie Green
- Marie Julia Simmons
- Sheila Marie Duke
- Marie Sheila Simmons
- Julia Lynn Simmons

[< Back](#) [Cancel](#) [Next >](#)


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Section 2

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Section 1 **Section 2** **Section 3** **Review & Submit** **Next Steps**

 **Section 2**

Applicant's Social Security Number
(xxx-xx-xxxx)

What is the Applicant's date of birth?
Month Day Year

Has a different date of birth been used on an earlier Social Security card application? Yes No

Enter the date of birth used on an earlier application.
Month Day Year

Was the Applicant born in the United States or a U.S. Territory or Commonwealth?
 Yes No

City **State**

Which best describes the citizenship of the Applicant?
 U.S. Citizen Legal Alien allowed to work Legal Alien not allowed to work Other

The Applicant's mailing address is of what type? [More info](#)
 U.S. Foreign or Military

Enter your mailing address.

Street Address 1

Street Address 2 (Optional)

Street Address 3 (Optional)

Street Address 4 (Optional)

City **State** **Zip Code** - **+ 4 (Optional)**

Which best describes the Applicant's daytime phone number?
 U.S. Foreign None

(xxx-xxx-xxxx)


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Section 3

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Section 1 Section 2 **Section 3** Review & Submit Next Steps

 **Section 3**

What is the Applicant's gender?

Gender

Male Female

Family History

Enter the names of your parents. [Don't know your parent's name?](#)

Mother's name at her birth Unknown

First Middle Last Suffix

Father's name at birth Unknown

First Middle Last Suffix

Race and Ethnicity

Providing race/ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.

Is the Applicant Hispanic or Latino?

Yes No

What is the Applicant's race?

Alaska Native Black/African American Other Pacific Islander
 American Indian Asian Native Hawaiian
 White

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Section 3

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Section 1 Section 2 Section 3 **Review & Submit** Next Steps

 **Review & Submit**

This page shows all of the questions and answers you have provided. If you need to make changes, select the "Edit" link to return to that part of the application.

Section 1 Choose item(s) to edit then select Edit Information

Your Name:	<input type="checkbox"/> Mortimer James Duke
Relationship to Applicant:	<input type="checkbox"/> Legal Guardian
Name to be Shown on Card:	<input type="checkbox"/> Sheila Marie Green
Full Name at Birth:	<input type="checkbox"/> Marie Julia Simmons
Other Name(s) Used:	<input type="checkbox"/> Marie Sheila Simmons Sheila Marie Simmons
Name on Most Recent Card:	<input type="checkbox"/> Sheila Marie Duke

Section 2 Choose item(s) to edit then select Edit Information

SSN:	<input type="checkbox"/> 123-45-6789
Date of Birth:	<input type="checkbox"/> 01/01/1960
Date of Birth Used on Earlier Application:	<input type="checkbox"/> N/A
Place of Birth:	<input type="checkbox"/> Baltimore, Maryland
Citizenship:	<input type="checkbox"/> U.S. Citizen
Address:	<input type="checkbox"/> 1234 Anywhere Road, Herndon, VA 20171
Daytime Phone:	<input type="checkbox"/> 555-555-5000

Section 3 Choose item(s) to edit then select Edit Information

Gender:	<input type="checkbox"/> Female
Mother's Name at Her Birth:	<input type="checkbox"/> Mary Joan Adams
Father's Name at His Birth:	<input type="checkbox"/> John Henry Simmons
Race/Ethnicity:	<input type="checkbox"/> American Indian

Terms & Conditions
Sample condition text - Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

I have read and agree with the Terms & Conditions above.

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Next Steps

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Section 1 Section 2 Section 3 Review & Submit **Next Steps**

 **Next Steps**

 [Print this page](#)

Thank you! You have successfully completed the online application for your replacement Social Security card.

You can expect your new card to arrive in <X - Y> business days.

Your confirmation number is:

A123BC456D

This confirmation number may be used to track the status of your application...

[Exit >](#)

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