


**ONLY SHOW INFORMATION FOR CENSUS YEARS TO BE SEARCHED**

CENSUS DATE	NUMBER AND STREET <i>(Very important)</i>	CITY, TOWN, TOWNSHIP <i>(Precinct, beat, etc.)</i>	COUNTY AND STATE	NAME OF PERSON WITH WHOM LIVING <i>(Head of household)</i>	RELATIONSHIP
APRIL 15, 1910	12A.				
JAN. 1, 1920	12B.				
APRIL 1, 1930	12C.				
APRIL 1, 1940	12D.				

1. CLAIM NUMBER	2. WAGE EARNER'S NAME	DO NOT USE THIS SPACE 	CASE NO.
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3. FIRST NAME	MIDDLE NAME	MAIDEN NAME <i>(if any)</i>	PRESENT LAST NAME	NICKNAME
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4. DATE OF BIRTH <i>(If unknown, estimate)</i>	5. PLACE OF BIRTH <i>(City, County, State)</i>	6. SEX
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7. FULL NAME OF FATHER <i>(Stepfather, guardian, etc.)</i>	8. FULL MAIDEN NAME OF MOTHER <i>(Stepmother, etc.)</i>	9. ETHNICITY <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO
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Form Approved OMB No. 0960-0097  <b>APPLICATION FOR SEARCH OF                  CENSUS RECORDS FOR PROOF OF AGE</b> <i>(For Social Security Purposes Only)</i>	<b>ONLY SHOW INFORMATION CONCERNING MARRIAGES                  PRIOR TO DATE OF LAST CENSUS YEAR TO BE SEARCHED</b>		12. RACE (SELECT ONE OR MORE) <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE
	10. FULL NAME OF HUSBAND OR WIFE	10A. YR. MARRIED <i>(Approximate)</i>	
	11. FULL NAME OF HUSBAND OR WIFE	11A. YR. MARRIED <i>(Approximate)</i>	

13. REMARKS
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I authorize the Bureau of the Census to send the record to the Social Security Administration to be used by that agency only for purposes in connection with my entitlement to Social Security benefits. (ATTENTION is called to the possibility that the information shown in the census record may not agree with that given in your application. The record must be copied exactly as it appears.)

14. SIGNATURE OF APPLICANT <i>(Do not print)</i>	If signed by mark (X), two witnesses must sign below:
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15. ADDRESS <i>(Number and Street, City, State, ZIP Code)</i>	15A. SIGNATURE OF WITNESS
	15B. SIGNATURE OF WITNESS

DISTRICT OFFICE ADDRESS <i>(Number and Street, City, State, ZIP Code)</i>  _____ _____	<b>AUTHORIZATION OF PAYMENT FOR CENSUS SEARCH</b>	
	Please furnish census information and bill SSA, pursuant to agreement between Bureau of Census and SSA.  SIGNATURE <i>(District manager or authorized employee)</i> 	16. DATE

**TO: BUREAU OF THE CENSUS**  
**P. O. BOX 1545**  
**JEFFERSONVILLE, IN 47131**  
**ATTN: AGE SEARCH UNIT**

## Privacy Act Statement

### Collection and Use of Personal Information

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The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent an accurate or timely decision on your claim for benefits.

We rarely use the information you supply for any purpose other than for determining eligibility. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.


We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 12 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

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DISTRICT OFFICE - DO NOT DETACH THIS STUB

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