			ON	ILY SH	OW INFOR	MATIC	N FOR CENSUS Y	EAR	RS TO	BE SEA	RCHED		
CENSUS DATE					TY, TOWN, TOWNSH (Precinct, beat, etc.)		COUNTY AND STATE			OF PERSON W NG (Head of ho		RELATI	ONSHIP
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 N USE THIS SPA		CASE NO.			
3. FIRST N	IAME	MI	DDLE NA	ME		MAIDE	EN NAME (if any)	PI	RESENT LA	AST NAME		NICKNAME	
4. DATE C	F BIRTH (If u	unknown, estimate)		5. PLACE C	F BIRTH (City, Co	ounty, State	J				6	3. SEX	
7. FULL N	AME OF FAT	HER (Stepfather, guar	dian, etc.)		8. FULL M	AIDEN NAME OF MOTHER (Ste	pmoth	er, etc.)		-	9. ETHNICITY _ HISPANIC OR LATING _ NOT HISPANIC OR LA	
Form Approved OMB No. 0960-0097	AGE	TO: BUREAU OF THE CENSUS TO: BOX 1545 JEFFERSONVILLE, IN 47131			10. FULL NAME 11. FULL NAME 13. REMARKS	PRIOR TO OF HUSBAN		AR T	O BE SEA 10A. YR. I (App.	MARRIED proximate)	- - - -	2. RACE (SELECT ONE OF AMERICAN INDIAN OF NATIVE ASIAN BLACK OR AFRICAN NATIVE HAWAIIAN OF PACIFIC ISLANDER WHITE	R ALASKA AMERICAN
	APPLICATION FOR SEARCH OF CENSUS RECORDS FOR PROOF OF AGE (For Social Security Purposes Only)				I authorize the purposes in information shappears.) 14. SIGNATURE I		n with my entitlement to	25 Social Security benefits. (ATTE agree with that given in your applications of the second section of the second sections of the second sections of the section of the sec			If application If be RE OF WITNES RE OF WITNES AUTHORIZA Passe furnish cerement between		
											GNATURE (Dist thorized emplo ►	trict manager or yee)	16. DATE

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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 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.

			ON	ILY SH	OW INFOR	MATIC	N FOR CENSUS Y	EAF	RS TO	BE SEAR	CHED		
CENSUS DATE					TY, TOWN, TOWNSH (Precinct, beat, etc.)	COUNTY AND STATE			NAME OF PERSON WITH WHOM LIVING (Head of household)			RELATIO	DNSHIP
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 USE THIS SPA	s $lacksquare$	CASE NO.			
3. FIRST I	NAME	MII	DDLE NA	ME		MAIDE	N NAME (if any)	P	RESENT LA	AST NAME		NICKNAME	
4. DATE (DF BIRTH (If ι	unknown, estimate)		5. PLACE C	F BIRTH (City, Co	ounty, State)				6.	SEX	
7. FULL N	AME OF FAT	HER (Stepfather, guard	dian, etc.)		8. FULL M	AIDEN NAME OF MOTHER (Ste	pmoth	ner, etc.)		_	. ETHNICITY - HISPANIC OR LATINO - NOT HISPANIC OR LA	TINO
Form Approved OMB No. 0960-0097	F AGE	F AGE			10. FULL NAME 11. FULL NAME 13. REMARKS	PRIOR TO OF HUSBAN			10A. YR. N (App.	MARRIED roximate)	12	2. RACE (SELECT ONE C - AMERICAN INDIAN OF NATIVE - ASIAN - BLACK OR AFRICAN A - NATIVE HAWAIIAN OF PACIFIC ISLANDER WHITE	R ALASKA AMERICAN
	APPLICATION FOR SEARCH OF CENSUS RECORDS FOR PROOF OF AGE (For Social Security Purposes Only)	BUREAU OF THE CENSUS		OF THE X 1545 ONVILLE VGE SEA		I authorize the Bureau of the Census to send the purposes in connection with my entitlement to information shown in the census record may not a appears.) 14. SIGNATURE OF APPLICANT (Do not print) 15. ADDRESS (Number and Street, City, State, ZIP Code) DISTRICT OFFICE ADDRESS (Number and Street, City, State)				to Social Security benefits. (ATTENTION is agree with that given in your application. The If signe below: 15A. SIGNATURE OF WITNESS 15B. SIGNATURE OF WITNESS			ossibility that the copied exactly as it o witnesses must sign
		10								agreer SIGNA	ment betwee	n Bureau of Census and ict manager or	

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			ONLY SH	OW INFORI	MATIC	N FOR CENSUS Y	EAF	RS TO	BE SEARCH	IED			
CENSUS DATE	1	NUMBER AND STREET (Very important)	С	CITY, TOWN, TOWNSHIP (Precinct, beat, etc.)		COUNTY AND STATE		NAME OF PERSON LIVING (Head o			RELATIO	NSHIP	
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 USE THIS	s $lacksquare$	CASE NO.				
3. FIRST N	IAME	MIDDI	LE NAME		MAIDE	N NAME (if any)	P	PRESENT LA	AST NAME		NICKNAME		
4. DATE C	F BIRTH (If ι	ınknown, estimate)	5. PLACE	OF BIRTH (City, Cou	ınty, State,	J				6. 8	SEX		
7. FULL N	AME OF FAT	HER <i>(Stepfather, guardian</i>	n, etc.)		8. FULL M.	AIDEN NAME OF MOTHER (Ste	pmoth	ner, etc.)		_	ETHNICITY HISPANIC OR LATINO NOT HISPANIC OR LAT	ΓΙΝΟ	
Form Approved OMB No. 0960-0097				10. FULL NAME C	PRIOR TO			10A. YR. I (<i>App</i>	ARCHED MARRIED roximate)		RACE (SELECT ONE OF AMERICAN INDIAN OF NATIVE ASIAN BLACK OR AFRICAN A NATIVE HAWAIIAN OF PACIFIC ISLANDER	R ALASKA MERICAN	
	:H OF ROOF OF AGE ses Only)	CENSUS RECORDS FOR PROOF OF AGE (For Social Security Purposes Only) OF THE CENSUS X 1545 ONVILLE, IN 47131		13. REMARKS				. , ,			WHITE		
	N FOR SEARC ORDS FOR P ecurity Purpo			I authorize the Bureau of the Census to send the record to the Social Security Admin purposes in connection with my entitlement to Social Security benefits. (ATTEN information shown in the census record may not agree with that given in your applicat appears.)						TENTION	is called to the po	ssibility that the	
	NTIOI REC	8	SEARCH	14. SIGNATURE OF APPLICANT (Do not print) ▶						-	If signed by mark (X), two witnesses must sign below:		
	APPLICA CENSUS (For Soc	U OF THE C OX 1545	VVILL E SE/	15. ADDRESS (Number and Street, City, State, ZIP Code)				15A. SIGNATURE OF WI			TNESS		
	₽ij⊬	AU O BOX	ERSONV I: AGE					15	B. SIGNATURE OF	WITNESS			
		BUREAU P. O. BO	JEFFERS ATTN: ,	DISTRICT OFFICE	(Number and Street, City, Stat	er and Street, City, State, ZIP		AUT	HORIZATIO	IZATION OF PAYMENT FOR CENSUS SEARCH			
			¬ ∢	>							ensus information and bill SSA, pursuant to veen Bureau of Census and SSA.		
		10								RE (Distric d employee	t manager or e)	16. DATE	

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