

CERTIFICATION OF PRISON RECORDS

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

INMATE ID #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

Social Security Administration

(address)

(location)

Attached, please find a completed Form SS-5 (Application for Social Security Number) requesting a replacement Social Security number card for the above named individual.

I, the undersigned, certify that I have reviewed the above inmate's official prison record and that the identifying information shown below is accurate according to that record.

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

If you have any further questions, please contact me between the hours of \_\_\_\_\_ to \_\_\_\_\_. My telephone number is \_\_\_\_\_.

\_\_\_\_\_  
[signature]  
[typed name for authorized official]  
[prison name, city]

**OMB Control Number 0960-0688**