		ON	LY SHOW INFOR	MATION	I FOR CENSUS V	FARS 1	O RE SE	ARCHED			
	T				I TON CENSOS I						
CENSUS DATE			CITY, TOWN, TOWNS (Precinct, beat, etc.,			N	NAME OF PERSON WITH WHOM LIVING (Head of household)		RELATIO	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 NOT USE THIS SPACE	CASE NO.				
3. FIRST N	NAME	MIDDLE NAI	ME	MAIDEN	NAME (if any)	PRESEN	NT LAST NAME		NICKNAME		
4. DATE O	OF BIRTH (If	unknown, estimate)	5. PLACE OF BIRTH (City, C	ounty, State)					6. SEX		
7. FULL N	AME OF FAT	HER <i>(Stepfather, guardian, etc.</i>)	8. FULL MAII	DEN NAME OF MOTHER (Ste	pmother, etc	c.)		9. ETHNICITY HISPANIC OR LATINO NOT HISPANIC OR LA		
ved 097				ONLY SHOW INFORMATION CONCERNING MARRIAGES PRIOR TO DATE OF LAST CENSUS YEAR TO BE SEARCHED						12. RACE (SELECT ONE OR MORE) AMERICAN INDIAN OR ALASKA NATIVE	
Appro 960-00			10. FULL NAME	10. FULL NAME OF HUSBAND OR WIFE					ASIAN BLACK OR AFRICAN A	AMERICAN	
Form Approved OMB No. 0960-0097			11. FULL NAME	11. FULL NAME OF HUSBAND OR WIFE			. YR. MARRIED (Approximate)		NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE		
	: OF AGE nly/	47131 UNIT	13. REMARKS			·					
	S EARCH OF S FOR PROOF OF AGE y Purposes Onlyl	IE CEN 5 E. IN ARCH	purposes in c	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.)							
	FOR S RDS I	UREAU OF THE 7. O. BOX 1545 EFFERSONVILLE TTN: AGE SEA	14. SIGNATURE	14. SIGNATURE OF APPLICANT (Do not print)					If signed by mark (X), two witnesses must sign below:		
	TION RECO al Sec	UREAU . O. BO) :FFERSO TTN: A(15. ADDRESS (I	15. ADDRESS (Number and Street, City, State, ZIP Code)			15A. SIGNAT	URE OF WITN	ESS		
	APPLICATION FOR S CENSUS RECORDS F (For Social Security F	BURE, P. O. I JEFFEF ATTN:					15B. SIGNATURE OF WITNESS				
	AP Fc		DISTRICT OFFIC	DISTRICT OFFICE ADDRESS (Number and Street, City, S			, [AUTHORIZ	ZATION OF PAYMENT FOR CENSUS SEARCH		
		10:	▶						census information and bill SSA, pursuant to veen Bureau of Census and SSA.		
							á	SIGNATURE (D) uthorized empl	istrict manager or loyee)	16A. DATE	

Privacy Act Statement

See Revised Privacy Act Statement Attached

Collection and Use of Personal Information

Social Security regulation 20 CFR 404.716 authorizes us to collect this information. We will forward the information you provide to the Bureau of the Census for their use in searching their records to verify your age.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent an accurate and timely decision on your entitlement to Social Security benefits.

We rarely use the information you supply for any purpose other than for determining reimbursements. 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.

A complete list of routine uses for this information is available in our System of Records Notice entitled, Claims Folders Systems, 60-0089. This notice, additional information regarding this form, and information regarding our programs and systems, are available on line at 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. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also 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	LY SHOW INFORM	ATION FOR CENSUS Y	EARS TO	BE SEARCHED				
CENSUS DATE		NUMBER AND STREET (Very important)	CITY, TOWN, TOWNSHIP (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 NOT USE THIS SPACE	CASE NO.				
3. FIRST N	IAME	MIDDLE NAM	ME	MAIDEN NAME (if any)	PRESENT LA	ST NAME	NICKNAME			
4. DATE C	F BIRTH (If i	unknown, estimate)	5. PLACE OF BIRTH (City, Count	ty, State)			6. SEX			
7. FULL N	AME OF FAT	HER <i>(Stepfather, guardian, etc.)</i>	8.	FULL MAIDEN NAME OF MOTHER (Ste	pmother, etc.)		9. ETHNICITY HISPANIC OR LATINO NOT HISPANIC OR LA	TINO		
Form Approved OMB No. 0960-0097					10A. YR. (App.	ARCHED MARRIED proximate)	12. RACE (SELECT ONE C — AMERICAN INDIAN OI NATIVE — ASIAN — BLACK OR AFRICAN A — NATIVE HAWAIIAN OI PACIFIC ISLANDER WHITE	AMERICAN		
	APPLICATION FOR SEARCH OF CENSUS RECORDS FOR PROOF OF AGE (For Social Security Purposes Only)	TO: BUREAU OF THE CENSUS P. O. BOX 1545 JEFFERSONVILLE, IN 47131 ATTN: AGE SEARCH UNIT	purposes in conr shown in the cer 14. SIGNATURE OF 15. ADDRESS (Num	15. ADDRESS (Number and Street, City, State, ZIP Code) 15A. SIGNATURE OF WITNESS 15B. SIGNATURE OF WITNESS DISTRICT OFFICE ADDRESS (Number and Street, City, State, ZIP Code) AUTHORIZATION OF PAYMENT FOR CENSUS SE						
						authorized empi	oyee)			

See Revised Privacy Act Statement Attached

Privacy Act Statement

Collection and Use of Personal Information

Social Security regulation 20 CFR 404.716 authorizes us to collect this information. We will forward the information you provide to the Bureau of the Census for their use in searching their records to verify your age.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent an accurate and timely decision on your entitlement to Social Security benefits.

We rarely use the information you supply for any purpose other than for determining reimbursements. 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.

A complete list of routine uses for this information is available in our System of Records Notice entitled. Claims Folders Systems, 60-0089. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at http://www.socialsecurity.gov or at your local Social Security office.

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				П	N FOR CENSUS Y	T T		<u> </u>			
CENSUS DATE			CITY, TOWN, TOWNSHIP (Precinct, beat, etc.)		COUNTY AND STATE		AME OF PERSON WITH WHOM LIVING <i>(Head of household)</i>	RELATIO	DNSHIP		
APRIL 15, 1910	12A.										
JAN. 1, 1920	12B.										
APRIL 1, 1930	12C.										
APRIL 1, 1940	12D.										
1. CLAIM	NUMBER	2. WAGE E	EARNER'S NAME	1		DO NOT USE THIS SPACE	CASE NO.				
3. FIRST N	IAME	MIDDLE NAM	1E	MAIDE	N NAME (if any)	PRESEN	T LAST NAME	NICKNAME			
4. DATE C	OF BIRTH (If	unknown, estimate) [5	5. PLACE OF BIRTH (City, C	County, State,	l			6. SEX			
7. FULL N	AME OF FAT	HER <i>(Stepfather, guardian, etc.)</i>		8. FULL MA	AIDEN NAME OF MOTHER (Ste	pmother, etc.)	9. ETHNICITY HISPANIC OR LATINO NOT HISPANIC OR LA			
97				ONLY SHOW INFORMATION CONCERNING MARRIAGES PRIOR TO DATE OF LAST CENSUS YEAR TO BE SEARCHED 12. RACE (SELECT ONE OR MOR AMERICAN INDIAN OR ALAS NATIVE							
Approv 1960-00			10. FULL NAME	10. FULL NAME OF HUSBAND OR WIFE 10A. YR. MARRIE (Approximation)				ASIAN BLACK OR AFRICAN AMERICAN			
Form Approved OMB No. 0960-0097			11. FULL NAME	11. FULL NAME OF HUSBAND OR WIFE			YR. MARRIED (Approximate)	NATIVE HAWAIIAN O PACIFIC ISLANDER WHITE	R OTHER		
	F F OF AGE Only)	US 7131 NIT	13. REMARKS								
	SEARCH OF FOR PROOF OF Purposes Only)	U OF THE CENSUS OX 1545 SONVILLE, IN 47131 AGE SEARCH UNIT	purposes in	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.)							
	ON FOR S ECORDS F Security F	JREAU OF THE O. BOX 1545 FFERSONVILLE, TN: AGE SEAR	14. SIGNATURE ▶	14. SIGNATURE OF APPLICANT (Do not print) ▶					If signed by mark (X), two witnesses must sign below:		
	ATION IS RECO	JREAU O. BO) FFERSO TN: A(15. ADDRESS	15. ADDRESS (Number and Street, City, State, ZIP Code			15A. SIGNATURE OF WITH	IRE OF WITNESS			
	APPLICA CENSUS (For Soci	BUR P. O JEFF ATTI						15B. SIGNATURE OF WITNESS			
	AP CE		DISTRICT OFFIC	DISTRICT OFFICE ADDRESS (Number and Street, City, State, ZIP)			AUTHORI	ZATION OF PAYMENT FOR CENSUS SEARCH			
		10.	D	D				census information and bill SSA, pursuant to tween Bureau of Census and SSA.			
							SIGNATURE (authorized emp	District manager or ployee)	16A. DATE		

See Revised Privacy Act Statement Attached

Privacy Act Statement

Collection and Use of Personal Information

Social Security regulation 20 CFR 404 716 authorizes us to collect this information. We will forward the information you provide to the Bureau of the Census for their use in searching their records to verify your age.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent an accurate and timely decision on your entitlement to Social Security benefits.

We rarely use the information you supply for any purpose other than for determining reimbursements. 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 Secunity 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.

A complete list of routine uses for this information is available in our System of Records Notice entitled, Claims Folders Systems, 60-0089. This notice, additional information regarding this form, and information regarding our programs and systems, are available on line at 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. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also 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.

SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:

Privacy Act Statement Collection and Use of Personal Information

Section 205(a), of the Social Security Act, as amended, authorizes us to collect this information. We will forward the information you provide to the Bureau of the Census for their use in searching Census records to verify your age.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on any claim filed.

We rarely use the information you supply us for any purpose other than for determining benefits eligibility. However, we may use the information for the administration of our programs including sharing information:

- 1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
- 2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice 60-0089, entitled, Claims Folders System. Additional information about this and other system of records notices and our programs is available online at www.socialsecurity.gov or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.