| | | ON | ILY SHOW INF | ORMATIO | N FOR CENSUS Y | 'EARS T | O BE SEA | RCHED | | | |
|------------------------------------|---|---|-------------------------------|---|--------------------------|--------------------------------|--|---------------------------|---|---------------------|--|
| CENSUS DATE | | | | | COUNTY AND STATE | N | NAME OF PERSON WITH WHOM LIVING (Head of household) | | RELATIO | NSHIP | |
| 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 | | | DO NOT USE THIS SPACE | CASE NO. | | ı | | |
| 3. FIRST N | NAME | MIDDLE NA | ME | MAIDE | N NAME (if any) | PRESEN | IT LAST NAME | | NICKNAME | | |
| 4. DATE C | OF BIRTH (If | unknown, estimate) | 5. PLACE OF BIRTH <i>(Cit</i> | y, County, State | ·) | | | ε | 3. SEX | | |
| 7. FULL N | AME OF FAT | HER <i>(Stepfather, guardian, etc.</i> |) | 8. FULL M | AIDEN NAME OF MOTHER (St | epmother, etc | .) | - | 9. ETHNICITY _ HISPANIC OR LATINO _ NOT HISPANIC OR LA | TINO | |
| 000 poved | | | | ONLY SHOW INFORMATION CONCERNING MARRIAGES PRIOR TO DATE OF LAST CENSUS YEAR TO BE SEARCHED 10. FULL NAME OF HUSBAND OR WIFE 10A, YR, MARRIED | | | | | 12. RACE (SELECT ONE OR MORE) AMERICAN INDIAN OR ALASKA NATIVE | | |
| n Appr 0960-(| | | 10. FULL NA | 10. FULL NAME OF HUSBAND OR WIFE | | | | - | _ ASIAN _ BLACK OR AFRICAN A | MERICAN | |
| Form Approved OMB No. 0960-0097 | | | 11. FULL NA | 11. FULL NAME OF HUSBAND OR WIFE | | | YR. MARRIED (Approximate) | - | NATIVE HAWAIIAN OF PACIFIC ISLANDER WHITE | ₹ OTHER | |
| | I SEARCH OF S FOR PROOF OF AGE y Purposes Only) | USUS 47131 UNIT | 13. REMARI | KS | | | | | | | |
| | EARCH O | IE CEN 5 E. IN ARCH | purposes | 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.) | | | | | | | |
| | APPLICATION FOR S CENSUS RECORDS F (For Social Security F | UREAU OF THE 7. O. BOX 1545 EFFERSONVILLE TTN: AGE SEA | 14. SIGNAT ▶ | 14. SIGNATURE OF APPLICANT (Do not print) ▶ | | | | | signed by mark (X), two v low: | vitnesses must sign | |
| | RECO | UREAU . O. BO) :FFERSC | 15. ADDRES | 15. ADDRESS (Number and Street, City, State, ZIP Code) | | | 15A. SIGNATUR | RE OF WITNES | SS | | |
| | PLICA NSUS | BUF P. 0 JEFF ATTI | | | | | | 15B. SIGNATURE OF WITNESS | | | |
| | S S | | DISTRICT O | DISTRICT OFFICE ADDRESS (Number and Street, City, Sta | | | | AUTHORIZA | CATION OF PAYMENT FOR CENSUS SEARCH census information and bill SSA, pursuant to ween Bureau of Census and SSA. | | |
| | | 10. | > | | | | | | | | |
| | | | | | | | | horized employ | trict manager or yee) | 16A. DATE | |

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| ONLY SHOW INFORMATION FOR CENSUS YEARS TO BE SEARCHED CENSUS NAME of Price Price | | | | | | | | | | | |
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| | | EARCH OF OR PROOF OF Purposes Only) | BUREAU OF THE CEN P. O. BOX 1545 JEFFERSONVILLE, IN ATTN: AGE SEARCH | I authorize the E purposes in con shown in the ce 14. SIGNATURE OF 15. ADDRESS (Nun DISTRICT OFFICE A | rposes in connection with my entitlement to Social Security benefits. (ATTENTION is called to the possibility that the information in the census record may not agree with that given in your application. The record must be copied exactly as it appears. SIGNATURE OF APPLICANT (Do not print) | | | | | | |

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| | | ON | ILY SHOW INFOR | MATIO | N FOR CENSUS Y | EARS T | O BE SEARCHE |) | | | |
|------------------------------------|---|--|--|---|------------------|--------------------------------|--|---|--|--|--|
| CENSUS DATE | | | CITY, TOWN, TOWNSHIP (Precinct, beat, etc.) | | COUNTY AND STATE | | AME OF PERSON WITH WHOM LIVING <i>(Head of household)</i> | RELATI | ONSHIP | | |
| APRIL 15, 1910 | 12A. | | | | | | | | | | |
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| n Appro 0960-00 | | | 10. FULL NAME | | | | YR. MARRIED (Approximate) | ASIAN BLACK OR AFRICAN | | | |
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| O | | | 13. REMARKS | | | _ | | <u> -</u> | | | |
| | OF AGE _{η(γ.)} | VSUS 47131 UNIT | | | | | | | | | |
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| | ON FOR S ECORDS F Security F | JREAU OF THE O. BOX 1545 FERSONVILLE TN: AGE SEAF | 14. SIGNATURE ▶ | 14. SIGNATURE OF APPLICANT (Do not print) If signed by mark (X), two witned below: | | | | | | | |
| | R a/ | JREAU O. BO) FFERSO TN: A(| 15. ADDRESS (I | 15. ADDRESS (Number and Street, City, State, ZIP Code, | | | 15A. SIGNATURE OF WIT | NESS | | | |
| | APPLICA CENSUS (For Soci | BUR P. O JEFF ATT | | 151 | | | | NATURE OF WITNESS | | | |
| | AP CE | | DISTRICT OFFIC | DISTRICT OFFICE ADDRESS (Number and Street, City, St | | | AUTHOR | RIZATION OF PAYMENT FOR CENSUS SEARCH | | | |
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