			ONLY SH	OW INFOR	MATIC	ON FOR CENSUS Y	'EARS	го ве ѕ	EARCHED		
CENSUS DATE				CITY, TOWN, TOWNSHIP (Precinct, beat, etc.)		COUNTY AND STATE	1	NAME OF PERSO LIVING (Head	ON WITH WHOM of household)	RELATIO	ONSHIP
APRIL 15, 1910	IIL 15, 12A. 910										
JAN. 1, 1920	12B.										
APRIL 1, 1930	12C.										
APRIL 1, 1940	12D.										
1. CLAIM	NUMBER	2. W	VAGE EARNER'S	NAME			DO NOT USE THIS SPACE	CASE N	Ο.		
3. FIRST N	NAME	MIDDLE	E NAME		MAID	EN NAME (if any)	PRESE	NT LAST NAM	IE	NICKNAME	
4. DATE 0	OF BIRTH (If	unknown, estimate)	5. PLACE (OF BIRTH (City, Co	ounty, Stat	e)				6. SEX	
7. FULL N	AME OF FAT	HER <i>(Stepfather, guardian,</i>	, etc.)	8. FULL MAIDEN NAME OF MOTHER (Step				c.)		9. ETHNICITY HISPANIC OR LATINO NOT HISPANIC OR LATINO	
oved 097			ONLY SHOW INFORMATION CONCE PRIOR TO DATE OF LAST CENSUS YE)	12. RACE (SELECT ONE OR MORE) — AMERICAN INDIAN OR ALASKA NATIVE	
Э960-0				10. FULL NAME OF HUSBAND OR WIFE 10A. YR. MARRIED (Approximate)						ASIAN BLACK OR AFRICAN AMERICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE	
Form Approved OMB No. 0960-0097				11. FULL NAME OF HUSBAND OR WIFE				. YR. MARRIE (Approximat			
	F AGE	La Carte		13. REMARKS							
	SEARCH OF FOR PROOF OF AGE Purposes Only)	HE CENSUS 5 LE, IN 47131	SEARCH UNIT	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 in the census record may not agree with that given in your application. The record must be copied exactly as it appears							
	OR S	AU OF THE BOX 1545 RSONVILLE,	H S	14. SIGNATURE OF APPLICANT (Do not print) ▶						If signed by mark (X), two witnesses must sign below:	
	BUREAU OF THE BUREAU OF THE P. O. BOX 1545 JEFFERSONVILLE ATTN: AGE SEAP 12. VICTOR FOR SEAP 14. SIGNATURE OF ALL 15. ADDRESS (Number and Street) 15. ADDRESS (Number and Street)				d Street, City, State, ZIP Code)		15A. SIGN	ATURE OF WITN	ESS		
	PLICA NSUS	BUF P. O JEFF	4			15B. SIGNATURE OF WITN			ESS		
	A S €			DISTRICT OFFICE	S (Number and Street, City, Sta	Please furnish			CATION OF PAYMENT FOR CENSUS SEARCH census information and bill SSA, pursuant to ween Bureau of Census and SSA.		
		10:		-							
									SIGNATURE (Lauthorized emp	District manager or loyeel	16A. DATE

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.

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.

			ONLY	SHOW INFOR	MATIC	ON FOR CENSUS Y	ΈΑ	RS TO	BE SE	ARCHED		
CENSUS DATE				CITY, TOWN, TOWNSHIP (Precinct, beat, etc.)		COUNTY AND STATE		NAME OF PERSON WITH WHOM LIVING (Head of household)			RELAT	TONSHIP
APRIL 15, 1910	PRIL 15, 12A.											
JAN. 1, 1920	12B.											
APRIL 1, 1930	12C.											
APRIL 1, 1940	12D.											
1. CLAIM	NUMBER		2. WAGE EARNE	ER'S NAME			US TH		CASE NO			
3. FIRST N	IAME	MI	DDLE NAME		MAID	EN NAME <i>(if any)</i>		PRESENT	LAST NAMI	Ē	NICKNAME	
4. DATE 0	F BIRTH (If	unknown, estimate)	5. PLA	CE OF BIRTH (City, C	ounty, State	e)					6. SEX	
7. FULL N	AME OF FAT	HER <i>(Stepfather, guar</i>	rdian, etc.)		8. FULL MAIDEN NAME OF MOTHER (Ste						9. ETHNICITY — HISPANIC OR LATINO — NOT HISPANIC OR LATINO	
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	
n Appro 0960-0	ш			10. FULL NAME OF HUSBAND OR WIFE				10A. YR. MARRIED (Approximate)			ASIANBLACK OR AFRICAN	AMERICAN
Form Approved OMB No. 0960-0097				11. FULL NAME	11. FULL NAME OF HUSBAND OR WIFE				R. MARRIED		NATIVE HAWAIIAN PACIFIC ISLANDERWHITE	OR OTHER
J				13. REMARKS								
	OF AGE	S	47131 UNIT									
	SEARCH OF FOR PROOF OF Purposes Only)	CEN	3CH CH	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.)							
	APPLICATION FOR SEAI CENSUS RECORDS FOR (For Social Security Purp BUREAU OF THE P. O. BOX 1545 JEFFERSONVILLE, ATTN: AGE SEAR			14. SIGNATURE OF APPLICANT (Do not print)							f signed by mark (X), two witnesses must sign pelow:	
				15. ADDRESS (Number and Street, City, State, ZIP Code)				15A. SIGNATURE OF WITH			IESS	
								15B. SIGNATURE OF WITN			ESS	
	A B E	ÖL		DISTRICT OFFICE ADDRESS (Number and Street, City, St				ate, ZIP Code) AUTHOR			IZATION OF PAYMENT FOR CENSUS SEARCH	
				>					Please furnish census information and bill SSA, pursuant to agreement between Bureau of Census and SSA.			
										SIGNATURE (Diauthorized emplo	istrict manager or oyee)	16A. DATE

Privacy Act Statement

See Revised Privacy Act Statement Attached

Collection and Use of Personal Information
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			ONLY SI	HOW INFOR	MATIC	N FOR CENSUS Y	EA R	RS TO	BE SEARCHED	1		
CENSUS DATE				CITY, TOWN, TOWNSHIP (Precinct, beat, etc.)		COUNTY AND STATE			OF PERSON WITH WHOM NG (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 EARNER'	'S NAME			DO N USE THIS		CASE NO.	,		
3. FIRST N	NAME	MID	DLE NAME		MAIDI	EN NAME (if any)	PI	RESENT LA	AST NAME	NICKNAME		
4. DATE 0	OF BIRTH (If	unknown, estimate)	5. PLACE	OF BIRTH (City, Co	ounty, State	e)				6. SEX		
7. FULL N	AME OF FAT	HER <i>(Stepfather, guard</i>	ian, etc.)	8. FULL MAIDEN NAME OF MOTHER (Stepmother				er, etc.)		9. ETHNICITY — HISPANIC OR LATINO — NOT HISPANIC OR LATINO		
097						HOW INFORMATION COND				12. RACE (SELECT ONE OF AMERICAN INDIAN OF NATIVE		
n Appro 0960-0				10. FULL NAME OF HUSBAND OR WIFE					MARRIED proximate)	ASIAN BLACK OR AFRICAN A		
Form Approved OMB No. 0960-0097				11. FULL NAME OF HUSBAND OR WIFE					MARRIED proximate)	— NATIVE HAWAIIAN OF PACIFIC ISLANDER WHITE	OTHER	
				13. REMARKS								
	OF AGE ι/γ/	ISUS	- 2 =									
	APPLICATION FOR SEARCH OF CENSUS RECORDS FOR PROOF OF (For Social Security Purposes Only)	CEN	, CH	I authorize the Bureau of the Census to send the record to the Social Security Administration to be used by that agency only purposes in connection with my entitlement to Social Security benefits. (ATTENTION is called to the possibility that the infor 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 F urity F	OF THE	SE SE	14. SIGNATURE ▶	OF APPLIC	ANT (Do not print)	If signed by mark (X), two witnesses must sign below:					
	UREAU OF THE O. BOX 1545 TN: AGE SEAN 14. SIGNATURE OF ABABILIAN (D) 15. ADDRESS (Number and Street) 15. ADDRESS (Number and Street)				Street, City, State, ZIP Code)	15	A. SIGNATURE OF WITN	ESS				
	BURE/ BURE/ BURE/ P. O. I JEFFEF ATTN:					15B. SIGNATURE OF WITNESS						
	A S &			DISTRICT OFFICE	ADDRESS	(Number and Street, City, Sta	ate, ZIP	Code)	AUTHORIZ	ZATION OF PAYMENT FOR CENSUS SEARCH		
		T 0:		-					Please furnish census information and bill SSA, pursuant to agreement between Bureau of Census and SSA.			
									SIGNATURE (I	District manager or vloyee)	16A. DATE	

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