ONLY SHOW INFORMATION FOR CENSUS YEARS TO BE SEARCHED

CENSUS DATE	NUMBER AND STREET (Very important)		CITY, TOWN, TOWNSHIP (Precinct, beat, etc.)		COUNTY AND STATE	E NAME OF PERS			RELATIO	NSHIP		
APRIL 15, 1910	12A.											
JAN. 1, 1920	12B.											
APRIL 1, 1930	12C.											
APRIL 1, 1940	12D.											
1. CLAIM I	NUMBER	2. WAGE	EARNER'S N	NAME			DO NOT USE THIS SPACE	CASE NO.				
3. FIRST N	IAME	MIDDLE NA	ME		MAIDE	EN NAME <i>(if any)</i>		LAST NAME		NICKNAME		
4. DATE O	OF BIRTH (If	unknown, estimate)	5. PLACE OF	OF BIRTH (City, County, State)					e	6. SEX		
7. FULL NA	AME OF FAT	HER <i>(Stepfather, guardian, etc.</i>)		AIDEN NAME OF MOTHER (Step	nother, etc.)			9. ETHNICITY HISPANIC OR LATINO NOT HISPANIC OR LATINO			
oed 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		
m Appro 0960-0				10. FULL NAME C	OF HUSBAI	F HUSBAND OR WIFE		10A. YR. MARRIED (Approximate)		ASIAN BLACK OR AFRICAN AMERICAN		
Form Approved OMB No. 0960-0097				11. FULL NAME OF HUSBAND OR WIFE			11A. YR. MARRIED (Approximate)			NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE		
	ш			13. REMARKS								
	OF AG	ISUS 47131 UNIT										
	APPLICATION FOR SEARCH OF CENSUS RECORDS FOR PROOF OF AGE (For Social Security Purposes Only)			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 F urity F	of The X 1545 NVILLE, Ge sear		14. SIGNATURE (OF APPLIC	If signed by mark (X), two witnesses must sign below:						
	APPLICATION FOR CENSUS RECORDS (For Social Security	Bureau of the C P. O. Box 1545 Jeffersonville, I Attn: Age searc	-	15. ADDRESS (Number and Street, City, State, ZIP Code)			15A. SIGN		IATURE OF WITNESS			
	PPLIC/ ENSUS For Soc	P. C JEFF ATT						15B. SIGNATURE O		F WITNESS		
	A D F	ä		DISTRICT OFFICE ADDRESS (Number and Street, City, State, ZI						IZATION OF PAYMENT FOR CENSUS SEARCH		
		TO:		▶						ease furnish census information and bill SSA, pursuant to reement between Bureau of Census and SSA.		
								author		trict manager or yee)	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 INFORMATION FOR CENSUS YEARS TO BE SEARCHED

						-							
CENSUS DATE				CITY, TOWN, TOWNSHIP (Precinct, beat, etc.)		COUNTY AND STATE		ME OF PERSON WITH WHOM LIVING (Head of household)					
APRIL 15, 1910	12A.												
JAN. 1, 1920	12B.												
APRIL 1, 1930	12C.												
APRIL 1, 1940	12D.												
1. CLAIM	NUMBER		2. WAGE E	ARNER'S NAME			DO NOT USE THIS SPACE	CASE NO.					
3. FIRST N	IAME	MI	DDLE NAM	E	MAID	EN NAME <i>(if any)</i>	PRESENT	LAST NAME	NICKNAME				
4. DATE C	OF BIRTH (If a	unknown, estimate)	5	. PLACE OF BIRTH (C	City, County, State	e)			6. SEX				
7. FULL N	AME OF FAT	HER <i>(Stepfather, guar</i>	dian, etc.)		8. FULL M	IAIDEN NAME OF MOTHER (Stepr)	9. ETHNICITY HISPANIC OR LATING NOT HISPANIC OR LA					
ved 097						HOW INFORMATION CONCE		12. RACE (SELECT ONE OR MORE) — AMERICAN INDIAN OR ALASKA NATIVE					
Form Approved OMB No. 0960-0097			10. FULL NA		NAME OF HUSBAND OR WIFE			YR. MARRIED (Approximate)	ASIAN SIAN BLACK OR AFRICAN AMERICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE				
For DMB No.				11. FULL N	11. FULL NAME OF HUSBAND OR WIFE			YR. MARRIED (Approximate)					
	ш			13. REMAI	RKS				•				
	OF AG	S	47131 UNIT										
CEN CEN				purpose	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 SE ECORDS FO Security Pu AU OF THI BOX 1545 SSONVILLE AGE SEA			14. SIGNA ▶	TURE OF APPLIC	ANT (Do not print)	If signed by mark (X), two witnesses must sign below:						
	LICATION FOR SUS RECORDS Social Security BUREAU OF 1				ESS <i>(Number and</i>	d Street, City, State, ZIP Code)		15A. SIGNATURE OF WITM	ESS				
	APPLIC/ CENSUS (For Soc	BUI P. (Jeffef Attn:					15B. SIGNATURE OF WITN	ESS				
	A D F			DISTRICT	OFFICE ADDRESS	6 (Number and Street, City, State,	ZIP Code)	AUTHORIZ	ATION OF PAYMENT FOR CENSUS SEARCH				
		TO:		▶ _				census information and bill SSA, pursuant to tween Bureau of Census and SSA.					
								SIGNATURE (A authorized emp	District manager or loyee)	16A. DATE			

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ONLY SHOW INFORMATION FOR CENSUS YEARS TO BE SEARCHED

CENSUS DATE			CITY, TOWN, TOWNSHIP (Precinct, beat, etc.)		COUNTY AND STATE		NAME OF PERSON W LIVING <i>(Head of ho</i>					
APRIL 15, 1910	12A.											
JAN. 1, 1920	12B.											
APRIL 1, 1930	12C.											
APRIL 1, 1940	12D.											
1. CLAIM I	NUMBER	2. WAGI	EARNER'S I	NAME			DO NOT USE		CASE NO.	L		
							THIS SPACE					
3. FIRST N	IAME	MIDDLE NA	ME		MAID	EN NAME <i>(if any)</i>	PRESE	NT LA	AST NAME	NICKNAME		
4. DATE O	οFBIRTH (Ifι	unknown, estimate)	5. PLACE O	DF BIRTH (City, County, State)					6. SEX			
7. FULL NA	AME OF FATH	HER (Stepfather, guardian, etc	.)	8. FULL MAIDEN NAME OF MOTHER (Stepmother, etc.)				c.)		9. ETHNICITY — HISPANIC OR LATINO — NOT HISPANIC OR LATINO		
097 097				ONLY SHOW INFORMATION CONCERNING MA PRIOR TO DATE OF LAST CENSUS YEAR TO BE					IAGES	12. RACE (SELECT ONE OR MORE) AMERICAN INDIAN OR ALASKA NATIVE		
m Appro 0960-0				10. FULL NAME OF	HUSBA	ND OR WIFE	E 10A. YR. MARRIE (Approximate			ASIAN BLACK OR AFRICAN AMERICAN		
Form Approved OMB No. 0960-0097				11. FULL NAME OF HUSBAN		ND OR WIFE		11A. YR. MARRIED (Approximate)		NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE		
				13. REMARKS								
	OF AGE /y/	s 131										
	APPLICATION FOR SEARCH OF CENSUS RECORDS FOR PROOF OF AGE (For Social Security Purposes Only)	Bureau of the census P. O. Box 1545 Leffersonville, in 47131 Attn: Age 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 inform shown in the census record may not agree with that given in your application. The record must be copied exactly as it appears								
	ULICATION FOR SEA USUS RECORDS FOF USUS RECORDS FOF USUREAU OF THE P. O. BOX 1545 UEFFERSONVILLE, ATTN: AGE SEAF			14. SIGNATURE OF APPLICANT (Do not print) ►						If signed by mark (X), two witnesses must sign below:		
	ATION RECO	REAU). BO) FERSO N: A(15. ADDRESS		Number and Street, City, State, ZIP Code)			15	A. SIGNATURE OF WITNE	NATURE OF WITNESS		
	PPLICA ENSUS or Soc	BURE/ P. O. I JEFEE ATTN:						15B. SIGNATURE OF		VITNESS		
	A D F	ä		DISTRICT OFFICE AI	OFFICE ADDRESS (Number and Street, City, State,		te, ZIP Code	e)	AUTHORIZA	AUTHORIZATION OF PAYMENT FOR CENSUS SEARCH		
		TO:		▶						Please furnish census information and bill SSA, pursuant to agreement between Bureau of Census and SSA.		
										SIGNATURE (District manager or authorized employee)		
									1.		1	

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