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## Application for a Social Security Card

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### Applying for a Social Security Card is free!

#### USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

**IMPORTANT:** You MUST provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance, contact any U.S. Social Security office or your Federal Benefits Unit. For a complete list of Federal Benefits Units and contact information, visit [www.socialsecurity.gov/foreign](http://www.socialsecurity.gov/foreign).

#### Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have Department of Homeland Security (DHS) work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

#### Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

#### Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth), you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S., you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

#### **LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS**

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

#### **IF YOU HAVE ANY QUESTIONS**

If you have any questions about this form or about the evidence documents you must provide, please contact any U.S. Social Security office or your Federal Benefits Unit. For a complete list of Federal Benefits Units and contact information, visit [www.socialsecurity.gov/foreign](http://www.socialsecurity.gov/foreign).

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**EVIDENCE DOCUMENTS**

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The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Contact any U.S. Social Security office or your Federal Benefits Unit if you cannot provide these documents.

**IMPORTANT: If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. Visit any U.S. Social Security office or your Federal Benefits Unit and they will make certified copies of your original documents. Do not mail your original documents to the Social Security Administration in Baltimore, Maryland.**

**Evidence of Age**

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

**Evidence of Identity**

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card;
- or U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s), your foreign passport, foreign driver's license or foreign ID card with biographical information or photograph.

**WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB, OR A SOCIAL SECURITY RECORD as evidence of identity.**

**Evidence of U.S. Citizenship**

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

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**Evidence of Immigration Status**

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See item 5 for more information.

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**HOW TO COMPLETE THIS APPLICATION**

**Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4, 8.25" x 11.7") paper.**

**GENERAL:** Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.
5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the U.S. government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.
- 9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you MUST show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card.
17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, generally a legal guardian, parent, or close relative may sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Contact us if you have questions about who may sign your application.

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**HOW TO SUBMIT THIS APPLICATION**

You can mail this signed application or take this signed application with your documents to any U.S. Social Security office or your Federal Benefits Unit. If you are a military dependent or a U.S. citizen working on a U.S. military post, you may also go to the Post Adjutant or Personnel Office. If you do not want to mail your original documents, take them along with this application to one of the offices listed above. The people there will make certified copies of your original documents and mail them to the Social Security Administration along with this application. Do not mail your original documents to the Social Security Administration in Baltimore, Maryland.

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**PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD**

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

**PRIVACY ACT STATEMENT  
Collection and Use of Personal Information**

Sections 205(c) and 702 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from assigning you a Social Security number (SSN) and issuing you a new or replacement Social Security card.

**See Revised Privacy Act Statement Attached**

We will use the information to assign you an SSN and issue you a new or replacement Social Security card. We may also share your information for the following purposes, called routine uses:

- To Federal, State, and local entities to assist them with administering income maintenance and health maintenance programs, when a Federal statute authorizes them to use the SSN; and,
- To the Department of State for administering the Social Security Act in foreign countries through its facilities and services.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of Social Security Number (SSN) Holders and SSN Applications, as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121. Additional information, and a full listing of all or our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

**See Revised PRA Statement Attached**

**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 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

## Application for a Social Security Card

|           |  |                                       |  |  |   |   |
|-----------|--|---------------------------------------|--|--|---|---|
| <b>1</b>  | <b>NAME TO BE SHOWN ON CARD</b>  |                                       | First  | Full Middle Name   | Last  |   |
|           | <b>FULL NAME AT BIRTH IF OTHER THAN ABOVE</b>  |                                       | First  | Full Middle Name   | Last  |   |
|           | OTHER NAMES USED   |                                       |  |  |   |   |
| <b>2</b>  | Social Security number previously assigned to the person listed in item 1  |                                       |  |  |   |   |
| <b>3</b>  | <b>PLACE OF BIRTH</b><br>(Do Not Abbreviate) City _____ State or Foreign Country _____   |                                       |  | Office Use Only<br>FCI   | <b>4</b>  | <b>DATE OF BIRTH</b><br>_____/_____/_____<br>MM/DD/YYYY |
| <b>5</b>  | <b>CITIZENSHIP</b><br>(Check One)  | <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> Legal Alien Allowed To Work   | <input type="checkbox"/> Legal Alien <b>Not</b> Allowed To Work<br>(See Instructions On Page 3)  | <input type="checkbox"/> Other (See Instructions On Page 3) |   |
| <b>6</b>  | <b>ETHNICITY</b><br>Are You Hispanic or Latino?<br>(Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>7</b>                              | <b>RACE</b><br>Select One or More<br>(Your Response is Voluntary)  | <input type="checkbox"/> Native Hawaiian   | <input type="checkbox"/> American Indian                    | <input type="checkbox"/> Other Pacific Islander         |
|           |  |                                       | <input type="checkbox"/> Alaska Native   | <input type="checkbox"/> Black/African American  | <input type="checkbox"/> White                              |   |
|           |  |                                       | <input type="checkbox"/> Asian   | <input type="checkbox"/> Male  | <input type="checkbox"/> Female                             |   |
| <b>9</b>  | <b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>   |                                       | First  | Full Middle Name   | Last  |   |
|           | <b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9 B on Page 3)   |                                       |  |  | <input type="checkbox"/> Unknown                            |   |
| <b>10</b> | <b>A. PARENT/ FATHER'S NAME</b>  |                                       | First  | Full Middle Name   | Last  |   |
|           | <b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)   |                                       |  |  | <input type="checkbox"/> Unknown                            |   |
| <b>11</b> | Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.) |                                       |  |  |   |   |
| <b>12</b> | Name shown on the most recent Social Security card issued for the person listed in item 1  |                                       | First  | Full Middle Name   | Last  |   |
| <b>13</b> | Enter any different date of birth if used on an earlier application for a card _____<br>MM/DD/YYYY   |                                       |  |  |   |   |
| <b>14</b> | <b>TODAY'S DATE</b> _____<br>MM/DD/YYYY  |                                       | <b>15</b>  | <b>DAYTIME PHONE NUMBER</b> _____<br>Area Code _____ Number _____  |   |   |
| <b>16</b> | <b>MAILING ADDRESS</b><br>(Do Not Abbreviate)  |                                       | Street Address, Apt. No., PO Box, Rural Route No. _____<br>City _____ State/Foreign Country _____ ZIP Code _____ |  |   |   |
| <b>17</b> | <b>YOUR SIGNATURE</b>  |                                       | <b>18</b>  | <b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b><br><input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) _____ |   |   |

|   |     |     |     |     |  |     |      |     |  |
|---|-----|-----|-----|-----|--|-----|------|-----|--|
| DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY) |     |     |     |     |  |     |      |     |  |
| NPN   |     | DOC |     | NTI |  | CAN |      | ITV |  |
| PBC   | EVI | EVA | EVC | PRA | NWR  | DNR | UNIT |     |  |
| EVIDENCE SUBMITTED                              |     |     |     |     | SIGNATURE AND TITLE OF EMPLOYEE(S)<br>REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW |     |      |     |  |
|   |     |     |     |     | DATE   |     |      |     |  |
|   |     |     |     |     | DCL DATE   |     |      |     |  |