CERTIFICATION OF PRISON RECORDS

DATE: _____

NAME: _____

INMATE ID #: _____

SOCIAL SECURITY #:_____

Social Security Administration

(address)
(location)

Attached, please find a completed Form SS-5 (Application for Social Security Number) requesting a replacement Social Security number card for the above named individual.

I, the undersigned, certify that I have reviewed the above inmate's official prison record and that the identifying information shown below is accurate according to that record.

NAME _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

MOTHER'S MAIDEN NAME _____

FATHER'S NAME _____

If you have any further questions, please contact me between the hours of _____ to _____. My telephone number is _____.

_____
[*signature*]
[*typed name for authorized official*]
[*prison name, city*]

OMB Control Number 0960-0688