SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

1

NAME TO BE SHOWN ON CARD	First JOHN	Full Middle Name	Last DOE
FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
OTHER NAMES USED			

2 Social Security number previously assigned to the person listed in item 1

☐☐☐ - ☐☐ - ☐☐☐☐

3 PLACE OF BIRTH (Do Not Abbreviate)
City: ANYWHERE
State or Foreign Country: IN
Office Use Only: FCI

4 DATE OF BIRTH
07/04/1995
MM/DD/YYYY

5 CITIZENSHIP (Check One)
☐ U.S. Citizen
☒ Legal Alien Allowed To Work
☐ Legal Alien **Not** Allowed To Work (See Instructions On Page 3)
☐ Other (See Instructions On Page 3)

6 ETHNICITY
Are You Hispanic or Latino?
(Your Response is Voluntary)
☐ Yes ☐ No

7 RACE
Select One or More
(Your Response is Voluntary)
☐ Native Hawaiian
☐ Alaska Native
☐ Asian
☐ American Indian
☐ Black/African American
☐ Other Pacific Islander
☐ White

8 SEX
☐ Male ☐ Female

9

A. PARENT/ MOTHER'S NAME AT HER BIRTH	First ALICE	Full Middle Name MARY	Last JOHNSON

B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)
☐☐☐ - ☐☐ - ☐☐☐☐   ☐ Unknown

10

A. PARENT/ FATHER'S NAME	First JOSEPH	Full Middle Name RAY	Last DOE

B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)
☐☐☐ - ☐☐ - ☐☐☐☐   ☐ Unknown

11 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?
☐ Yes (If "yes" answer questions 12-13)   ☒ No   ☐ Don't Know (If "don't know," skip to question 14.)

12 Name shown on the most recent Social Security card issued for the person listed in item 1
First | Full Middle Name | Last

13 Enter any different date of birth if used on an earlier application for a card
MM/DD/YYYY

14 TODAY'S DATE
05/27/2015
MM/DD/YYYY

15 DAYTIME PHONE NUMBER
(260) 982 - 5423
Area Code | Number

Include Box # MU

16 MAILING ADDRESS (Do Not Abbreviate)
Street Address, Apt. No., PO Box, Rural Route No.
604 E. COLLEGE AVE, BOX xxx
City: NORTH MANCHESTER
State/Foreign Country: IN
ZIP Code: 46962-

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

17 YOUR SIGNATURE
DONT FORGET TO SIGN

18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:
☒ Self   ☐ Natural Or Adoptive Parent   ☐ Legal Guardian   ☐ 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) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW

DATE

DCL

DATE