

SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved
OMB No. 0960-0066

| | | | | |
|----------|---|---------------|------------------|-------------|
| 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) | ANYWHERE | IN | Office Use Only | 4 | DATE OF BIRTH MM/DD/YYYY | 07/04/1995 |
| | City | State or Foreign Country | FCI | | | | |

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) | 7 | RACE Select One or More (Your Response is Voluntary) | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> American Indian | <input type="checkbox"/> Other Pacific Islander |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Black/African American | <input type="checkbox"/> White | |
| | | | <input type="checkbox"/> Asian | | | |

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 **15** **DAYTIME PHONE NUMBER** (260) 982-5423

MM/DD/YYYY Area Code Number

16 **MAILING ADDRESS**
(Do Not Abbreviate)

604 E. COLLEGE AVE, BOX xxx
City State/Foreign Country ZIP Code
NORTH MANCHESTER IN 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** **18** **YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:**

DONT FORGET TO SIGN 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

Include MU Box #