

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> _____ I <small>TO BE SHOWN ON CARD</small>		First	Full Middle Name	Last
	<b>FULL NAME AT BIRTH</b> <small>IF OTHER THAN ABOVE</small>		First	Full Middle Name	Last
	<b>OTHER NAMES USED</b>				
<b>2</b>	<b>MAILING ADDRESS</b> _____ I <small>Do Not Abbreviate</small>		Street Address, Apt. No., PO Box, Rural Route No.		
			City	State	ZIP Code
<b>3</b>	<b>CITIZENSHIP</b> _____ I <small>(Check One)</small>	<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 (See Instructions On Page 2)	<input type="checkbox"/> Other (See Instructions On Page 2)
<b>4</b>	<b>SEX</b> _____ I	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
<b>5</b>	<b>RACE/ETHNIC DESCRIPTION</b> _____ I <small>(Check One Only - Voluntary)</small>	<input type="checkbox"/> Asian, Asian-American or Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black (Not Hispanic)	<input type="checkbox"/> North American Indian or Alaskan Native
<b>6</b>	<b>DATE OF BIRTH</b> _____ <small>Month, Day, Year</small>	<b>7</b>	<b>PLACE OF BIRTH</b> _____ <small>(Do Not Abbreviate)</small>	City	State or Foreign Country
					<small>Office Use Only</small>
<b>8</b>	<b>A. MOTHER'S NAME AT HER BIRTH</b> _____ I		First	Full Middle Name	Last Name At Her Birth
	<b>B. MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 8B on Page 2) _____ I		_ _ _ - _ _ - _ _ _ _		
<b>9</b>	<b>A. FATHER'S NAME</b> _____ I		First	Full Middle Name	Last
	<b>B. FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9B on Page 2) _____ I		_ _ _ - _ _ - _ _ _ _		
<b>10</b>	Has the applicant 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 11-13.) <input type="checkbox"/> No (If "no," go on to question 14.) <input type="checkbox"/> Don't Know (If "don't know," go on to question 14.)				
<b>11</b>	Enter the Social Security number previously assigned to the person listed in item 1. _____ I		_ _ _ - _ _ - _ _ _ _		
<b>12</b>	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. _____ I		First	Middle Name	Last
<b>13</b>	Enter any different date of birth if used on an earlier application for a card. _____ I		_____ Month, Day, Year		
<b>14</b>	<b>TODAY'S DATE</b> _____ <small>Month, Day, Year</small>	<b>15</b>	<b>DAYTIME PHONE NUMBER</b> _____ <small>( ) Area Code Number</small>		
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.					
<b>16</b>	<b>YOUR SIGNATURE</b> _____ I		<b>17</b>	<b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify)	
<small>DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)</small>					
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		
			DATE		