

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME → <small>TO BE SHOWN ON CARD</small>		First	Full Middle Name	Last	
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last	
	OTHER NAMES USED					
2	MAILING ADDRESS → <small>Do Not Abbreviate</small>		Street Address, Apt. No., PO Box, Rural Route No.			
			City	State	Zip Code	
3	CITIZENSHIP → <small>(Check One)</small>	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 1)	<input type="checkbox"/> Other (See Instructions On Page 1)	
4	SEX →	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
5	RACE/ETHNIC DESCRIPTION → <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	
6	DATE OF BIRTH → <small>Month, Day, Year</small>	7	PLACE OF BIRTH → <small>(Do Not Abbreviate)</small>		<small>Office Use Only</small>	
		City		State or Foreign Country	FCI	
8	A. MOTHER'S MAIDEN NAME →	First	Full Middle Name	Last Name At Her Birth		
	B. MOTHER'S SOCIAL SECURITY NUMBER →		□ □ □ - □ □ - □ □ □ □			
9	A. FATHER'S NAME →	First	Full Middle Name	Last		
	B. FATHER'S SOCIAL SECURITY NUMBER →		□ □ □ - □ □ - □ □ □ □			
10	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.)				
11	Enter the Social Security number previously assigned to the person listed in item 1. →		□ □ □ - □ □ - □ □ □ □			
12	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. →		First	Middle Name	Last	
13	Enter any different date of birth if used on an earlier application for a card. →		_____ Month, Day, Year			
14	TODAY'S DATE → <small>Month, Day, Year</small>		15	DAYTIME PHONE NUMBER (____) _____ Area Code Number		
16	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.					
	YOUR SIGNATURE →		YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:			
		<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) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW			
			_____ DATE			
			_____ DATE			
			DCL			