

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 2)	<input type="checkbox"/> Other (See Instructions On Page 2)						
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	<input type="checkbox"/> White (Not Hispanic)					
6	DATE OF BIRTH _____ <small>Month, Day, Year</small>	7	PLACE OF BIRTH _____ <small>(Do Not Abbreviate) City State or Foreign Country</small>		<small>Office Use Only</small>						
					<small>FCI</small>						
8	A. MOTHER'S NAME AT HER BIRTH _____	First	Full Middle Name	Last Name At Her Birth							
	B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 8B on Page 2) _____		<table style="width:100%; border:none;"> <tr> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> </tr> </table>								
9	A. FATHER'S NAME _____	First	Full Middle Name	Last							
	B. FATHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 2) _____		<table style="width:100%; border:none;"> <tr> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> </tr> </table>								
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. _____		<table style="width:100%; border:none;"> <tr> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> </tr> </table>								
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. _____		<table style="width:100%; border:none;"> <tr> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> </tr> </table>								
14	TODAY'S DATE _____ <small>Month, Day, Year</small>	15	DAYTIME PHONE NUMBER () - _____ <small>Area Code Number</small>								
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							