

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> _____ <small>TO BE SHOWN ON CARD</small>	First	Full Middle Name	Last							
	<b>FULL NAME AT BIRTH IF OTHER THAN ABOVE</b>	First	Full Middle Name	Last							
	<b>OTHER NAMES USED</b>										
<b>2</b>	<b>MAILING ADDRESS</b> _____ <small>Do Not Abbreviate</small>	Street Address, Apt. No., PO Box, Rural Route No.									
		City	State	ZIP Code							
<b>3</b>	<b>CITIZENSHIP</b> _____ <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> _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female								
<b>5</b>	<b>RACE/ETHNIC DESCRIPTION</b> _____ <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)					
<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) City State or Foreign Country</small>		<small>Office Use Only</small>						
<b>8</b>	<b>A. MOTHER'S NAME AT HER BIRTH</b> _____	First	Full Middle Name	Last Name At Her Birth							
	<b>B. MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 8B on Page 2) _____		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> </tr> </table>								
<b>9</b>	<b>A. FATHER'S NAME</b> _____	First	Full Middle Name	Last							
	<b>B. FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9B on Page 2) _____		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> </tr> </table>								
<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. _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> </tr> </table>									
<b>12</b>	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. _____	First	Middle Name	Last							
<b>13</b>	Enter any different date of birth if used on an earlier application for a card. _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> <td style="width:20%; border-bottom: 1px solid black;"> </td> </tr> </table>									
<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>								
<b>16</b>	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> _____	<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) _____								
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							