

**SOCIAL SECURITY ADMINISTRATION**

**STATEMENT OF CLAIMANT OR OTHER PERSON**

**Understanding that this statement is for the use of the Social Security Administration, I hereby certify that -**

**I have been assigned a Social Security Number, which I am unable to locate.**

**I request the Federal Benefits Unit to provide me with my Social Security Number.**

(Please complete the following identifying information in regard to the Social Security Number).

**Full Name:**

Full name on most recent SSN Card:

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

\_\_\_\_\_  
(Surname)

**Date of Birth:**

\_\_\_\_\_

**Place of Birth:**

\_\_\_\_\_

**Fathers Full Name:**

\_\_\_\_\_

**Mothers Full Name/Maiden Name:**

\_\_\_\_\_

**Full Address**

(Street) \_\_\_\_\_

(Town/City) \_\_\_\_\_

(County) \_\_\_\_\_ (Post Code) \_\_\_\_\_

**I have attached original proof of my identity with this request.**     ☐ YES

**I fully understand that there are criminal penalties for making a knowing and willful request for access to records concerning another individual under false pretenses.**

**Signature** (First name, middle initial, last name)  
(Write in ink)

**SIGN HERE ⇒**

**Date** (Month, day, year)

**Telephone Number** (+ area code)

To be returned to [fbu.oslo@ssa.gov](mailto:fbu.oslo@ssa.gov)  
Federal Benefits Unit, American Embassy, Henrik  
Ibsens gt 48, 0244 Oslo