

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

1	<b>NAME</b> → TO BE SHOWN ON CARD	First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD			

2 Social Security number previously assigned to the person listed in item 1 → --

3	<b>PLACE OF BIRTH</b> → (Do Not Abbreviate) City State or Foreign Country	Office Use Only	4	<b>DATE OF BIRTH</b> → MM/DD/YYYY
		FCI		

5 **CITIZENSHIP** → (Check One)

U.S. Citizen     Legal Alien Allowed To Work     Legal Alien **Not** Allowed To Work (See Instructions On Page 3)     Other (See Instructions On Page 3)

6	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7	<b>RACE</b> Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other Pacific Islander
				<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White
				<input type="checkbox"/> Asian		

8 **SEX** →  Male     Female

9 **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 9 B on Page 3) → --  Unknown

10 **A. FATHER'S NAME** →

First    Full Middle Name    Last

**B. FATHER'S SOCIAL SECURITY NUMBER** (See instructions for 10B on Page 3) → --  Unknown

11 Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before?

Yes (If "yes" answer questions 12-13)     No     Don't Know (If "don't know," skip to question 14.)

12 Name shown on the most recent Social Security card issued for the person listed in item 1 →

First    Full Middle Name    Last Name

13 Enter any different date of birth if used on an earlier application for a card →  MM/DD/YYYY

14 **TODAY'S DATE** → MM/DD/YYYY    15 **DAYTIME PHONE NUMBER** → Area Code    Number

16 **MAILING ADDRESS** → (Do Not Abbreviate)

Street Address, Apt. No., PO Box, Rural Route No.  
City    State/Foreign Country    ZIP Code

17 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 to my knowledge.

17 **YOUR SIGNATURE** →    18 **YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:**

Self     Natural Or Adoptive Parent     Legal Guardian     Other Specify \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

NPN	DOC	NTI	CAN	ITV
PBC	EVI	EVA	EVC	PRA
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
			DATE	
			DATE	