

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is easy AND it is FREE!

If you DO NOT follow these instructions, we CANNOT process your application!

- STEP 1** Complete and sign the application with **BLUE** or **BLACK** ink. Do NOT use pencil! Follow instructions below.
- STEP 2** See Page 2 to determine what evidence we need.
- STEP 3** Submit the application and evidence to any Social Security office. Follow instructions below.

HOW TO COMPLETE THE APPLICATION

Most items on the form are self-explanatory. Those that need explanation are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

2. Show an address where you can receive the card 10 to 14 days from now.
3. If you check “other” for CITIZENSHIP, provide a document from the Federal/State or local agency explaining why you need a Social Security number and that you meet all the requirements for the benefit or service except for a number.
5. You do not have to complete this item about race/ethnic background. We use this information for statistical reports on how Social Security programs affect people. We do not reveal the identities of individuals.
6. Show the month, day, and full (4-digit) year of birth, for example, “1998” for year of birth.
8. You **must** enter the mother’s Social Security number in item 8B. if you are applying for a number for a child under age 18.
9. You **must** enter the father’s Social Security number in item 9B. if you are applying for a number for a child under age 18.
13. If the date of birth you show in item 6 is different from the date of birth you used on a prior application for a Social Security number card, show the date of birth you used on the prior application and submit evidence of age to support the date of birth in item 6.
16. You **must** sign the application if you are age 18 or older and are physically and mentally capable. If you are under age 18, you may also sign the application if you are physically and mentally capable. If you cannot sign your name, you should sign with an “X” mark and have two people sign as witnesses in the space beside the mark. If you are physically or mentally incapable, generally a parent, close relative, or legal guardian may sign the application. Call us if you need clarification about who can sign.

HOW TO SUBMIT THE APPLICATION

Mail the form and your evidence documents to the nearest Social Security office. We will return your documents to you. If you do not want to mail your original documents, take them to the nearest Social Security office with this application.

If you are age 18 or older and have never been assigned a number before, you must apply in person.

EVIDENCE WE NEED

CAUTION: We cannot accept photocopies of documents. You must submit original documents or copies certified by the custodian of the record. **Notarized copies are not acceptable.** If your documents do not meet this requirement, we cannot process your application. We will return your documents. **IF YOU DO NOT WANT TO MAIL YOUR ORIGINAL DOCUMENTS, TAKE THEM TO ANY SOCIAL SECURITY OFFICE.**

If you need an **ORIGINAL CARD** (you have NEVER been assigned a Social Security number before), you must show us proof of :

**AGE,
IDENTITY, and
U.S. CITIZENSHIP or LAWFUL ALIEN STATUS**

If you need a **DUPLICATE CARD** (no name change), you must show us proof of **IDENTITY**.

IMPORTANT: If you were born outside the U.S., you must also show us proof of **U.S. CITIZENSHIP or LAWFUL ALIEN STATUS**.

If you need a **CORRECTED CARD** because of a name change, you must show us proof of **IDENTITY**.

To **CHANGE YOUR NAME** on our records, we need one or more documents identifying you by your **OLD NAME** on our records and your **NEW NAME**.

IMPORTANT: If you were born outside the U.S., you must also show us proof of **U.S. CITIZENSHIP or LAWFUL ALIEN STATUS**.

AGE: We prefer to see your birth certificate. However, we can accept other documents such as a hospital record of your birth made before you were age 5 or a religious record made before you were three months old. If you were born outside the U.S., we can accept your passport. Call us for advice if you cannot obtain any of these documents.

IDENTITY: We must see a document in the name you want shown on the card. We can generally accept a current document that has enough information to identify you (e.g., signature, name, age, date of birth, parents' names). **We CANNOT ACCEPT a BIRTH CERTIFICATE, HOSPITAL BIRTH RECORD, SSN CARD, SSN CARD STUB, OR SSA RECORD.** Some documents that we can accept are:

- Driver's license
- Employer ID card
- Passport
- Marriage or divorce record
- Adoption record
- Health Insurance card (not a Medicare card)
- Military records
- Insurance policy
- School ID card

IMPORTANT: If you are applying for a card on behalf of someone else, we must see proof of identity for both you and the person to whom the card will be issued.

NAME CHANGE: If your name is now different from the name shown on your card, we need an identity document that identifies you by BOTH your old name AND your new name. Examples include a marriage certificate, divorce decree, or a court order that changes your name. Or we can accept two identity documents—one in your old name and one in your new name. (See IDENTITY for examples of identity documents.)

U.S. CITIZENSHIP: We can accept most documents that show you were born in the U.S. If you are a U.S. citizen born outside the U.S., show us a U.S. consular report of birth, a U.S. passport, a Certificate of Citizenship, or a Certificate of Naturalization.

ALIEN STATUS: We need to see a current document issued to you by the U.S. Immigration and Naturalization Service (INS), such as Form I-551, I-94, I-688B, or I-766. We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card if you are lawfully here and need the number for a valid nonwork reason. Your card will be marked to show you cannot work, and, if you do, we will notify INS.

IF YOU HAVE ANY QUESTIONS: If you have any questions about this form, or about the documents you need to show us, please contact any Social Security office. A telephone call will help you make sure you have everything you need to apply for a card.

THE PAPERWORK/PRIVACY ACT AND YOUR APPLICATION

The Privacy Act of 1974 requires us to give each person the following notice when applying for a Social Security number.

Sections 205(c) and 702 of the Social Security Act allow us to collect the facts we ask for on this form.

We use the facts you provide on this form to assign you a Social Security number and to issue you a Social Security card. You do not have to give us these facts, however, without them we cannot issue you a Social Security number or a card. Without a number, you may not be able to get a job and could lose Social Security benefits in the future.

The Social Security number is also used by the Internal Revenue Service for tax administration purposes as an identifier in processing tax returns of persons who have income which is reported to the Internal Revenue Service and by persons who are claimed as dependents on someone's Federal income tax return.

We may disclose information as necessary to administer Social Security programs, including to appropriate law enforcement agencies to investigate alleged violations of Social Security law; to other government agencies for administering entitlement, health, and welfare programs such as Medicaid, Medicare, veterans benefits, military pension, and civil service annuities, black lung, housing, student loans, railroad retirement benefits, and food stamps; to the Internal Revenue Service for Federal tax administration; and to employers and former employers to properly prepare wage reports. We may also disclose information as required by Federal law, for example, to the Department of Justice, Immigration and Naturalization Service, to identify and locate aliens in the U.S.; to the Selective Service System for draft registration; and to the Department of Health and

Human Services for child support enforcement purposes. We may verify Social Security numbers for State motor vehicle agencies that use the number in issuing drivers licenses, as authorized by the Social Security Act. Finally, we may disclose information to your Congressional representative if they request information to answer questions you ask him or her.

We may use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies to determine whether a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 8.5 to 9 minutes to provide the information. This includes the time it will take to read the instructions, gather the necessary facts and provide the information. All requests for Social Security cards and other claims-related information **should be sent to your local Social Security office**, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory. Comments or suggestions on our "Time it Takes" estimate are welcome and should be addressed to: Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Building, Baltimore, MD 21235-0001. SEND ONLY COMMENTS ON OUR "TIME IT TAKES" ESTIMATE TO THIS ADDRESS.

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 → <small>IF OTHER THAN ABOVE</small>		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
			<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	<input type="checkbox"/> White (Not Hispanic)	
6	DATE OF BIRTH → <small>Month, Day, Year</small>		7	PLACE OF BIRTH → <small>(Do Not Abbreviate)</small>	
				City	State or Foreign Country
8	A. MOTHER'S MAIDEN NAME →		First	Full Middle Name	Last Name At Her Birth
	B. MOTHER'S SOCIAL SECURITY NUMBER → <small>(Complete only if applying for a number for a child under age 18.)</small>		□ □ □ - □ □ - □ □ □ □ □ □		
9	A. FATHER'S NAME →		First	Full Middle Name	Last
	B. FATHER'S SOCIAL SECURITY NUMBER → <small>(Complete only if applying for a number for a child under age 18.)</small>		□ □ □ - □ □ - □ □ □ □ □ □		
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	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 () _____ <small>Area Code Number</small>	
<small>DELIBERATELY FURNISHING (OR CAUSING TO BE FURNISHED) FALSE INFORMATION ON THIS APPLICATION IS A CRIME PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH.</small>					
16	YOUR SIGNATURE →		17	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) _____	

<small>DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)</small>							
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	