Request for Numident Printout Record

To: Social Security Administration OEO DERO (FOIA Workgroup) 300 N. Green Street P.0. Box 33022 Baltimore, MD 21290-3022

To process your request for a copy of your Numident printout, we need you to provide the following in formation:	
(fold here)	
(Name)	(Social Security Number) (Date of Birth)
If you do not know your Social Secu	urity number, please provide the following information:
Name:	Date of Birth:
Place of Birth:	Mother's Maiden Name:
Sex:	Father's Name:
In all cases, also provide the following	ng:
Mailing Address:	Daytime Phone Number:
person who is authorized to sign	and not statutory "individual" to whom the false record pertains (or a this letter on behalf of that party). I understand that any false fully obtain information from Social Security records is punishable by a year in prison.
Sincerely,	
Signature	Date
the charge is \$18.00. The applicable f MasterCard, Visa, Discover, American	printout. If you know the SSN, the charge if \$16.00; if the SSN is not known, be must accompany this request. You may pay by check, money order, or Express, or Diner's Club credit card. Checks and money orders should be histration". If paying by credit card, please provide the following:
Type of Credit Card:	
Type of Credit Card: Card Holder's Name and SSN: Card Holder's Name and SSN:	
Card Holder's Address	
Daytime Phone Numbe	er:
Credit Card Number:	
	iration: