

Application for a Social Security Card

1	NAME 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					
2	Social Security number previously assigned to the person listed in item 1					
3	PLACE OF BIRTH (Do Not Abbreviate)			Office Use Only	4	DATE OF BIRTH
	City	State or Foreign Country		FCI		
5	CITIZENSHIP (Check One)	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)				
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		7	RACE Select One or More (Your Response is Voluntary)		
				<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White		
8	SEX		<input type="checkbox"/> Male <input type="checkbox"/> Female			
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First	Full Middle Name	Last	
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3) <input type="checkbox"/> Unknown					
10	A. PARENT/ FATHER'S NAME		First	Full Middle Name	Last	
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3) <input type="checkbox"/> 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? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> 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	
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			
16		MAILING ADDRESS				
		Street Address, Apt. No., PO Box, Rural Route No.				
17		City		State/Foreign Country	ZIP Code	
		YOUR SIGNATURE				
18		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 _____				

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)							
NPN		DOC		NTI		CAN	
PBC		EVI		EVA		EVC	
PRA		NWR		DNR		UNIT	
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW			
				DATE			
				DCL DATE			