

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

|   |  |  |  |  |
|---|--|--|--|--|
| <b>1</b>  | <b>NAME</b> →<br><small>TO BE SHOWN ON CARD</small>  | <small>First</small>   | <small>Full Middle Name</small>  | <small>Last</small>  |
|   | <b>FULL NAME AT BIRTH IF OTHER THAN ABOVE</b>  | <small>First</small>   | <small>Full Middle Name</small>  | <small>Last</small>  |
|   | <b>OTHER NAMES USED</b>  |  |  |  |
| <b>2</b>  | <b>MAILING ADDRESS</b> →<br><small>Do Not Abbreviate</small>   | <small>Street Address, Apt. No., PO Box, Rural Route No.</small>                                 |  |  |
|   |  | <small>City</small>  | <small>State</small>   | <small>Zip Code</small>  |
| <b>3</b>  | <b>CITIZENSHIP</b> →<br><small>(Check One)</small>   | <input type="checkbox"/> U.S. Citizen  | <input type="checkbox"/> <b>Legal Alien Allowed To Work</b>  | <input type="checkbox"/> Legal Alien <b>Not</b> Allowed To Work (See Instructions On Page 1) |
|   |  | <input type="checkbox"/> Other (See Instructions On Page 1)                                      |  |  |
| <b>4</b>  | <b>SEX</b> →   | <input type="checkbox"/> Male  | <input type="checkbox"/> <b>Female</b>   |  |
| <b>5</b>  | <b>RACE/ETHNIC DESCRIPTION</b> →<br><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)  |  |
| <b>6</b>  | <b>DATE OF BIRTH</b> →<br><small>Month, Day, Year</small>  | <b>7</b>   | <b>PLACE OF BIRTH</b> →<br><small>(Do Not Abbreviate)</small>  | <small>Office Use Only</small>   |
|   |  |  | <small>City</small>  | <small>State or Foreign Country</small>  |
|   |  |  | <small>FCL</small>   |  |
| <b>8</b>  | <b>A. MOTHER'S MAIDEN NAME</b> →   | <small>First</small>   | <small>Full Middle Name</small>  | <small>Last Name At Her Birth</small>  |
|   | <b>B. MOTHER'S SOCIAL SECURITY NUMBER</b> →  | □ □ □ - □ □ - □ □ □ □  |  |  |
| <b>9</b>  | <b>A. FATHER'S NAME</b> →  | <small>First</small>   | <small>Full Middle Name</small>  | <small>Last</small>  |
|   | <b>B. FATHER'S SOCIAL SECURITY NUMBER</b> →  | □ □ □ - □ □ - □ □ □ □  |  |  |
| <b>10</b>   | <b>Has the applicant or anyone acting on his/her behalf ever filed for or received a Social Security number card before?</b>   |  |  |  |
|   | <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.) |  |  |  |
| <b>11</b>   | Enter the Social Security number previously assigned to the person listed in item 1. →   | □ □ □ - □ □ - □ □ □ □  |  |  |
| <b>12</b>   | Enter the name shown on the most recent Social Security card issued for the person listed in item 1. →   | <small>First</small>   | <small>Middle Name</small>   | <small>Last</small>  |
| <b>13</b>   | Enter any different date of birth if used on an earlier application for a card. →  | <small>Month, Day, Year</small>  |  |  |
| <b>14</b>   | <b>TODAY'S DATE</b> →<br><small>Month, Day, Year</small>   | <b>15</b>  | <b>DAYTIME PHONE NUMBER</b> →<br><small>( )</small>  | <small>Area Code</small>   |
|   |  |  | <small>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> |  |  |  |  |
| <b>16</b>   | <b>YOUR SIGNATURE</b> →<br>IMZALAYIN!  | <b>17</b>  | <b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b>   |  |
|   |  |  | <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>  |  |  |  |  |
| <small>NPN</small>  |  | <small>DOC</small>   | <small>NTI</small>   | <small>CAN</small>   |
| <small>PBC</small>  | <small>EVI</small>   | <small>EVA</small>   | <small>EVC</small>   | <small>PRA</small>   |
| <small>EVIDENCE SUBMITTED</small>   |  | <small>NWR</small>   | <small>DNR</small>   | <small>UNIT</small>  |
|   |  | <small>SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW</small> |  |  |
|   |  | <small>DATE</small>  |  |  |
|   |  | <small>DCL</small>   |  |  |
|   |  | <small>DATE</small>  |  |  |