

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

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

<b>2</b>	Social Security number previously assigned to the person listed in item 1	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate)	City	State or Foreign Country	Office Use Only	<b>4</b>	<b>DATE OF BIRTH</b>	MM/DD/YYYY
				FCI			

<b>5</b>	<b>CITIZENSHIP</b> (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)
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<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>7</b>	<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

<b>8</b>	<b>SEX</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>	First	Full Middle Name	Last				
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9 B on Page 3)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>	First	Full Middle Name	Last				
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>11</b>	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.)
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<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last
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<b>13</b>	Enter any different date of birth if used on an earlier application for a card	MM/DD/YYYY
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<b>14</b>	<b>TODAY'S DATE</b>	MM/DD/YYYY	<b>15</b>	<b>DAYTIME PHONE NUMBER</b>	Area Code	Number
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<b>16</b>	<b>MAILING ADDRESS</b> (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.

<b>17</b>	<b>YOUR SIGNATURE</b>	<b>18</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

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



# SOCIAL SECURITY

## **PLEASE ANSWER THE FOLLOWING QUESTIONS YES OR NO**

**As of the time of this application, Have You:**

Visited or lived in the United States?

Yes  No

Held a full-time, part-time or temporary job in the U.S.?

Yes  No

Had a U.S. State-issued identification card or drivers license?

Yes  No

Taken the Scholastic Achievement Test or any other U.S. college-related entrance exam?

Yes  No

Attended or applied for admittance to a U.S. college, university or technical/vocational school?

Yes  No

Had a U.S. saving or checking account in a bank, credit union or other financial institution or ever owned stocks or bonds? Did the parents or other relatives ever open an account or buy U.S. Savings Bonds for the applicant?

Yes  No

Filed a U.S Federal or State income tax return or been claimed as a dependent on a U.S. Federal tax return of a parent or other relative?

Yes  No

Registered for the U.S. draft or to vote in the U.S.?

Yes  No

Applied for or received any type of U.S. Federal or State funded benefit such as, TANF, Food Stamps, WIC, Medicaid, medical assistance, public job training or summer youth employment

Yes  No

Had an Employment Authorization Document (EAD), I-766 or I-688, Issued by the Department of Homeland Security (DHS)?

Yes  No

Had a DHS Form I94 (Arrival/Departure Record) that grants Permission to work in the United States?

Yes  No