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Application for a Social Security Card

Form Approved
OMB No. 0960-0066

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	**MAILING ADDRESS** Do not abbreviate	Street Address, Apt. No., PO Box, Rural Route No.		
		City	State	Zip Code
3	**CITIZENSHIP** (Check one)	☐ U.S. Citizen	☐ Legal Alien Allowed To Work	☐ Legal Alien Not Allowed To Work (See Instructions On Page 2) ☐ Other (See Instructions On Page 2)
4	**SEX**	☐ Male	☐ Female	
5	**RACE/ETHNIC DESCRIPTION** (Check one)	☐ Asian, Asian-American Or Pacific Islander	☐ Hispanic	☐ Black (Not Hispanic) ☐ North American Indian Or Alaskan Native ☐ White (Not Hispanic)
6	**DATE OF BIRTH** Month / Day/ Year	7 **PLACE OF BIRTH** Do not abbreviate	City	State Or Foreign Country / FCI — Office Use Only
8	**A. MOTHER'S NAME AT HER BIRTH**	First	Middle Name	Last Name at Her Birth
	B. MOTHER'S SOCIAL SECURITY NUMBER (See Instructions For 8B On Page 2)	☐☐☐ – ☐☐ – ☐☐☐☐		
9	**A. FATHER'S NAME**	First	Middle Name	Last Name
	B. FATHER'S SOCIAL SECURITY NUMBER (See Instructions For 9B On Page 2)	☐☐☐ – ☐☐ – ☐☐☐☐		
10	Has the applicant or anyone acting on his/her behalf ever filed for or received a Social Security number card before? ☐ Yes (If "yes", answer questions 11-13.) ☐ No (If "no," go on to question 14.) ☐ 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 Name	Last
13	Enter any different date of birth if used on an earlier application for a card.	Month	Day	Year
14	**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 of my knowledge.** **YOUR SIGNATURE** ▶	15 **YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:** ☐ Self ☐ Natural or Adoptive Parent ☐ Legal Guardian ☐ Other (Specify) _____		

Questions? Contact John Doe at 555-123-4567

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