

SOCIAL SECURITY ADMINISTRATION

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	Social Security number previously assigned to the person listed in item 1		-	-
3	PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country	Office Use Only FCI	4	DATE OF BIRTH MM/DD/YYYY
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)
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"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian	
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 9 B 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 Area Code Number	
16	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No. City State/Foreign Country ZIP Code		
17	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	ITV	
PBC	EVI	EVA	EVC	PRA	UNIT
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
			DATE		
			DATE		