

# 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		- -		
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate) City State or Foreign Country			<b>4</b>	<b>DATE OF BIRTH</b> MM/DD/YYYY
		Office Use Only	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 <b>Not</b> Allowed To Work (See Instructions On Page 3)
				<input type="checkbox"/> Other (See Instructions On Page 3)	
<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"/> Alaska Native	<input type="checkbox"/> Black/African American
				<input type="checkbox"/> Asian	<input type="checkbox"/> White
<b>8</b>	<b>SEX</b>		<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<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="checkbox"/> Unknown
<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="checkbox"/> Unknown
<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.)				
<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
<b>13</b>	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY		
<b>14</b>	<b>TODAY'S DATE</b> MM/DD/YYYY		<b>15</b>	<b>DAYTIME PHONE NUMBER</b> Area Code Number	
<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
<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	
PBC		EVI	EVA	EVC	PRA
EVIDENCE SUBMITTED		SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW			
		DATE			
		DCL			
		DATE			