

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME → <small>TO BE SHOWN ON CARD</small>	First	Full Middle Name	Last
	FULL NAME AT BIRTH <small>IF OTHER THAN ABOVE</small>	First	Full Middle Name	Last
	OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD			
2	Social Security number previously assigned to the person listed in item 1 →		- -	
3	PLACE OF BIRTH <small>(Do Not Abbreviate)</small> City	State or Foreign Country		4
		<small>Office Use Only</small>	DATE OF BIRTH	<small>MM/DD/YYYY</small>
5	CITIZENSHIP → <small>(Check One)</small>	<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)		
6	ETHNICITY <small>Are You Hispanic or Latino? (Your Response is Voluntary)</small>	7	RACE <small>Select One or More (Your Response is Voluntary)</small>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<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. MOTHER'S NAME AT HER BIRTH →	First	Full Middle Name	Last Name At Her Birth
	B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3) →	- -		<input type="checkbox"/> Unknown
10	A. FATHER'S NAME →	First	Full Middle Name	Last
	B. 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 Name
13	Enter any different date of birth if used on an earlier application for a card →		MM/DD/YYYY	
14	TODAY'S DATE <small>MM/DD/YYYY</small>	15	DAYTIME PHONE NUMBER <small>() -</small> Area Code Number	
16	MAILING ADDRESS <small>(Do Not Abbreviate)</small> →	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
PBC	EVI	EVA	EVC	PRA
EVIDENCE SUBMITTED		SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
		DATE		
		DATE		