

Social Security Card

Sample Application



SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD		First Harry	Full Middle Name James	Last Potter
	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	Edinburgh	Scotland	Office Use Only FCI	4 DATE OF BIRTH 07/31/1980 MM/DD/YYYY
5	CITIZENSHIP (Check One)		<input type="checkbox"/> U.S. Citizen	<input checked="" 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)	7 RACE Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White
8	SEX		<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First Lily	Full Middle Name	Last Potter
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)		[] [] [] - [] [] - [] [] [] []		<input checked="" type="checkbox"/> Unknown
10	A. PARENT/ FATHER'S NAME		First James	Full Middle Name	Last Potter
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)		[] [] [] - [] [] - [] [] [] []		<input checked="" 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 checked="" 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 8/25/2015 MM/DD/YYYY	15 DAYTIME PHONE NUMBER 618 650-3785 Area Code Number			
16	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No. SIUE International Affairs, SSC ROOM 0300, Campus Box 1616 City, State/Foreign Country, ZIP Code Edwardsville IL 62026-1616			
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.					
17	YOUR SIGNATURE Harry J. Potter		18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input checked="" 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		

If boxes 15 and 16 are blank, write in the ISS phone number and address as it appears on this sample.