

# Sample Application for a Social Security Card

Use this sample form as a guide when filling out your application.

## 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 Jane	Full Middle Name Middlename	Last Doe
	FULL NAME AT BIRTH 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		<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> - <input type="text" value="4"/> <input type="text" value="5"/> - <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/>	
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate)	City Beijing	State or Foreign Country China	Office Use Only
	<b>4 DATE OF BIRTH</b>	01/01/1990 MM/DD/YYYY		
<b>5</b>	<b>CITIZENSHIP</b> (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)
<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 RACE</b> Select One or More	<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
	These sections are not required.			
<b>8</b>	<b>SEX</b>	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>	First Lisa	Full Middle Name	Last Doe
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9 B on Page 3)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>	First John	Full Middle Name	Last Doe
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 checked="" 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 DAYTIME PHONE NUMBER</b>		Area Code 212
				Number 123 - 4567
<b>16</b>	<b>MAILING ADDRESS</b> (Make sure you include apartment number and zip code.)	Street Address, Apt. No., PO Box, Rural Route No. 123 Main Street, Apt 10A		City Nice Town
		State/Foreign Country NY USA	ZIP Code 000000	
<b>17</b>	<b>YOUR SIGNATURE</b>	<b>18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input checked="" type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify		
<b>DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)</b>				
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		