Form **SS-5** (11-2019) UF Discontinue Prior Editions SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card									
		Fi	irst		Full Mi	iddle Name	Las	st	
	TO BE SHOWN ON CARD FULL NAME AT BIRTH	F	First F		Full Mi	iddle Name	Las	st	
•	IF OTHER THAN ABOVE								
	OTHER NAMES USED								
		Social Security number previously assigned to							
2	listed in item 1								
	PLACE OF				<u> </u>	Office	DATE		
-	BIRTH (Do Not Abbreviate) City					Use Only FCI	· OF BIRTH	MM/DD/YYYY	
			O.a	ate or Foreign Legal Alie					
J	CITIZENSHIP (Check One)	S. Citizen	S. Citizen 🗌 Allowed To 🗌		egal Alien <b>Not</b> A /ork(See Instruct age 3)	Allowea 10 tions On	Other (See Instructions On Page 3)		
	ETHNICITY		RACE		Nativ	ve Hawaiian 🗌 A	American In		
	Are You Hispanic or Latino?		Select One		Alask		Black/Africa	□ Islander <sup>n</sup> □ White	
	(Your Response is Voluntary		(Your Resp is Voluntar	•	Asian	ן ⊔א	American		
8	SEX					ale			
•						I Middle Name	Las	st	
	NAME AT HER BIR		I						
9	B. PARENT/ MOTHER'		VAL SEC						
	NUMBER (See instruct			-				Unknown	
	A. PARENT/ FATHER'S		First						
10	NAME								
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)							Unknown	
	Has the person listed in item			0,				Security number card	
	before?	•		-				-	
	Yes (If "yes" answer que		,	No	Don			tip to question 14.)	
12	Name shown on the most real Security card issued for the p	cent Soc person	ial	First		Full Middle	Name	Last	
	listed in item 1	•				<u> </u>			
	Enter any different date of bi earlier application for a card		d on an				DD/YYYY		
14	TODAY'S			DAYTIME	PHONE				
14		D/YYYY		NUMBER		Area Code	Number	r	
10	MAILING ADDRESS	Stre	et Adaress	s, Apt. No., P	O Box, Kur	al Route No.			
10		City	J		S	State/Foreign Co	ountry	ZIP Code	
	(Do Not Abbreviate)	periury (	that I have	hat I have examined all the information on this form, and on any accompanying and correct to the best of my knowledge.					
+		t is true			-	-			
17	YOUR SIGNATURE	18	<b>YOUR RELATIONSHIP TO T</b> <b>18</b> Self Natural Or Lega			PERSON I	N ITEM 1 IS:		
	·				doptive Parer		Specify _		
	IOT WRITE BELOW THIS LI	NE (FOR		· · · · · · · · · · · · · · · · · · ·					
NPN			DOC						
PBC		VA	EVC	PRA			DNR ND TITLE C		
EVIDENCE SUBMITTED SIGNATURE AND TITLE OF EMPLOY REVIEWING EVIDENCE AND/OR CC									
l						INTERVIEW			
					F			DATE	
					L.	DCI		DATE	