SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD	First: Helga	Full Middle Name:	Last: Mustermann
	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 (Do Not Abbreviate)	City: Munich	State or Foreign Country: Germany	Office Use Only / FCI
4	DATE OF BIRTH	06/10/1989 MM/DD/YYYY		
5	CITIZENSHIP (Check One)	☐ U.S. Citizen ☒ Legal Alien Allowed To Work ☐ Legal Alien Not Allowed To Work (See Instructions On Page 3) ☐ Other (See Instructions On Page 3)		
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary)	☐ Yes ☒ No		
7	RACE Select One or More (Your Response is Voluntary)	☐ Native Hawaiian ☐ Alaska Native ☐ Asian ☐ American Indian ☐ Black/African American ☐ Other Pacific Islander ☒ White		
8	SEX	☐ Male ☒ Female		
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH	First: Heidi	Full Middle Name:	Last: Schmidt
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)	___ – __ – ____ ☐ Unknown		
10	A. PARENT/ FATHER'S NAME	First: Friedrich	Full Middle Name:	Last: Mustermann
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)	___ – __ – ____ ☐ 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?	☐ Yes (If "yes" answer questions 12-13) ☒ No ☐ 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	09/23/2016 MM/DD/YYYY		
15	DAYTIME PHONE NUMBER	Area Code: 413 Number: 515-6732		
16	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No.: McCulloch Center, Mount Holyoke College, 50 College Street	City: South Hadley	State/Foreign Country: MA ZIP Code: 01075
17	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. YOUR SIGNATURE	SIGN HERE!		
18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:	☒ Self ☐ Natural Or Adoptive Parent ☐ Legal Guardian ☐ 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

DCL DATE