

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is easy AND it is free!

USE THIS APPLICATION TO APPLY FOR:

- An **original** Social Security card
- A **duplicate** Social Security card (same name and number)
- A **corrected** Social Security card (name change and same number)
- A **change of information** on your record other than your name (no card needed)

IMPORTANT: We CANNOT process this application unless you follow the instructions below and give us the evidence we need.

- STEP 1** Read pages 1 through 3 which explain how to complete the application and what evidence we need.
- STEP 2** Complete and sign the application using BLUE or BLACK ink. Do not use pencil or other colors of ink. Please print legibly.
- STEP 3** Submit the completed and signed application with all required evidence to any Social Security office.

HOW TO COMPLETE THIS APPLICATION

Most items on the form are self-explanatory. Those that need explanation are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

2. Show the address where you can receive your card 10 to 14 days from now.
3. If you check "Legal Alien **Not** Allowed to Work", you need to provide a document from the government agency requiring your Social Security number that explains why you need a number and that you meet all of the requirements for the benefit or service except for the number. A State or local agency requirement must conform with Federal law.

If you check "Other", you need to provide proof you are entitled to a federally-funded benefit for which a Social Security number is required as a condition for you to receive payment.

5. Providing race/ethnic information is voluntary. However, if you do give us this information, it helps us prepare statistical reports on how Social Security programs affect people. We do not reveal the identities of individuals.
6. Show the month, day and full (4 digit) year of birth, for example, "1998" for year of birth.
- 8.B. Show the mother's Social Security number only if you are applying for an original Social Security card for a child under age 18. You may leave this item blank if the mother does not have a number or you do not know the mother's number. We will still be able to assign a number to the child.
- 9.B. Show the father's Social Security number only if you are applying for an original Social Security card for a child under age 18. You may leave this item blank if the father does not have a number or you do not know the father's number. We will still be able to assign a number to the child.

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13. If the date of birth you show in item 6 is different from the date of birth you used on a prior application for a Social Security card, show the date of birth you used on the prior application and submit evidence of age to support the date of birth in item 6.
 16. You **must** sign the application yourself if you are age 18 or older and are physically and mentally capable. If you are under age 18, you may also sign the application if you are physically and mentally capable. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. If you are physically or mentally incapable of signing the application, generally a parent, close relative, or legal guardian may sign the application. Call us if you need clarification about who can sign.

ABOUT YOUR DOCUMENTS

- We need **ORIGINAL** documents or **copies certified by the custodian of the record**. We will return your documents after we have seen them.
- **We cannot accept photocopies or notarized copies of documents.**
- If your documents do not meet this requirement, we cannot process your application.

DOCUMENTS WE NEED

To apply for an **ORIGINAL CARD** (you have NEVER been assigned a Social Security number before), we need at least 2 documents as proof of:

- **Age,**
- **Identity, and**
- **U.S. citizenship or lawful alien status.**

To apply for a **DUPLICATE CARD** (same number, same name), we need proof of **identity**.

To apply for a **CORRECTED CARD** (same number, different name), we need proof of **identity**. We need one or more documents which identify you by the **OLD NAME** on our records and your **NEW NAME**. Examples include: a marriage certificate, divorce decree, or a court order that changes your name. Or we can accept two identity documents - one in your old name and one in your new name. (See **IDENTITY**, for examples of identity documents.)

IMPORTANT: If you are applying for a duplicate or corrected card and were **born outside the U.S.**, we also need proof of U.S. citizenship or lawful alien status. (See **U.S. CITIZENSHIP** or **ALIEN STATUS** for examples of documents you can submit.)

To **CHANGE INFORMATION** on your record other than your name, we need proof of:

- **Identity, and**
- **Another document which supports the change** (for example, a birth certificate to change your date and/or place of birth or parents' names).

AGE: We prefer to see your birth certificate. However, we can accept another document that shows your age if it is at least one year old. Some of the other documents we can accept are:

- Hospital record of your birth made before you were age 5
- Religious record showing your age made before you were 3 months old
- Passport
- Adoption record

Call us for advice if you cannot obtain one of these documents.

IDENTITY: We must see a document in the name you want shown on the card. The identity document must be of recent issuance so that we can determine your continued existence. We prefer to see a document with a photograph. However, we can generally accept a non-photo identity document if it has enough information to identify you (e.g., your name, as well as age, date of birth or parents' names). **WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL BIRTH RECORD, SOCIAL SECURITY CARD OR CARD STUB, OR SOCIAL SECURITY RECORD** as evidence of identity. Some documents we can accept are:

- Driver's license
- Employer ID card
- Passport
- Marriage or divorce record
- Adoption record
- Health insurance card (not a Medicare card)
- Military record
- Life insurance policy
- School ID card

As evidence of identity for infants and young children, we can accept :

- Doctor, clinic, hospital record
- Daycare center, school record
- Religious record (e.g., baptismal record)

IMPORTANT: If you are **applying for a card on behalf of someone else**, we must see proof of identity for both you and the person to whom the card will be issued.

U. S. CITIZENSHIP: We can accept most documents that show you were born in the U.S. If you are a U.S. citizen born outside the U.S., show us a U.S. consular report of birth, a U.S. passport, a Certificate of Citizenship, or a Certificate of Naturalization.

ALIEN STATUS: We need to see an unexpired document issued to you by the U.S. Immigration and Naturalization Service (INS), such as Form I-551, I-94, I-688B, or I-766. We **CANNOT** accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card if you are lawfully here and need the number for a valid nonwork reason. (See **HOW TO COMPLETE THIS APPLICATION**, Item 3.) Your card will be marked to show you cannot work. If you do work, we will notify INS.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can mail this application with your evidence documents to any Social Security office. We will return your documents to you. If you do not want to mail your original documents, take them with this application to the nearest Social Security office.

EXCEPTION: **If you are age 18 or older and have never been assigned a number before, you must apply in person.**

If you have any questions about this form, or about the documents we need, please contact any Social Security office. A telephone call will help you make sure you have everything you need to apply for a card or change information on your record. You can find your nearest office in your local phone directory or on our website at www.ssa.gov.

THE PAPERWORK/PRIVACY ACT AND YOUR APPLICATION

The Privacy Act of 1974 requires us to give each person the following notice when applying for a Social Security number.

Sections 205(c) and 702 of the Social Security Act allow us to collect the facts we ask for on this form.

We use the facts you provide on this form to assign you a Social Security number and to issue you a Social Security card. You do not have to give us these facts, however, without them we cannot issue you a Social Security number or a card. Without a number, you may not be able to get a job and could lose Social Security benefits in the future.

The Social Security number is also used by the Internal Revenue Service for tax administration purposes as an identifier in processing tax returns of persons who have income which is reported to the Internal Revenue Service and by persons who are claimed as dependents on someone's Federal income tax return.

We may disclose information as necessary to administer Social Security programs, including to appropriate law enforcement agencies to investigate alleged violations of Social Security law; to other government agencies for administering entitlement, health, and welfare programs such as Medicaid, Medicare, veterans benefits, military pension, and civil service annuities, black lung, housing, student loans, railroad retirement benefits, and food stamps; to the Internal Revenue Service for Federal tax administration; and to employers and former employers to properly prepare wage reports. We may also disclose information as required by Federal law, for example, to the Department of Justice, Immigration and Naturalization Service, to identify and locate aliens in the U.S.; to the Selective Service System for draft registration; and to the Department of Health and Human Services for child support enforcement purposes. We may verify Social Security numbers for State motor vehicle agencies that use the number in issuing drivers licenses, as authorized by the Social Security Act. Finally, we may disclose information to your Congressional representative if they request information to answer questions you ask him or her.

We may use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies to determine whether a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the **Paperwork Reduction Act of 1995**. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 8.5 to 9 minutes to read the instructions, gather the necessary facts, and answer the questions.

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 IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
2	MAILING ADDRESS → <small>Do Not Abbreviate</small>		Street Address, Apt. No., PO Box, Rural Route No.		
			City	State	Zip Code
3	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 1)	<input type="checkbox"/> Other (See Instructions On Page 1)
4	SEX →	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
5	RACE/ETHNIC DESCRIPTION → <small>(Check One Only - Voluntary)</small>	<input type="checkbox"/> Asian, Asian-American or Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black (Not Hispanic)	<input type="checkbox"/> North American Indian or Alaskan Native
6	DATE OF BIRTH → <small>Month, Day, Year</small>	7	PLACE OF BIRTH → <small>(Do Not Abbreviate)</small>		<small>Office Use Only</small>
			City	State or Foreign Country	FCI
8	A. MOTHER'S MAIDEN NAME →	First	Full Middle Name	Last Name At Her Birth	
	B. MOTHER'S SOCIAL SECURITY NUMBER →	<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"/>			
9	A. FATHER'S NAME →	First	Full Middle Name	Last	
	B. FATHER'S SOCIAL SECURITY NUMBER →	<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"/>			
10	Has the applicant 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 11-13.) <input type="checkbox"/> No (If "no", go on to question 14.) <input type="checkbox"/> Don't Know (If "don't know", go on to question 14.)				
11	Enter the Social Security number previously assigned to the person listed in item 1. →	<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"/>			
12	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. →	First	Middle Name	Last	
13	Enter any different date of birth if used on an earlier application for a card. →	_____ Month, Day, Year			
14	TODAY'S DATE → <small>Month, Day, Year</small>	15	DAYTIME PHONE NUMBER (____) _____ Area Code Number		
16	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 of my knowledge.				
	YOUR SIGNATURE →	17 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		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		
			DCL DATE		