

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD		First	Full Middle Name	Last								
	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		<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:15%;"></td><td style="width:15%;"></td><td style="width:15%;"></td><td style="width:15%;"></td><td style="width:15%;"></td><td style="width:15%;"></td><td style="width:15%;"></td><td style="width:15%;"></td> </tr> </table>										
3	PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country			4	DATE OF BIRTH MM/DD/YYYY								
		Office Use Only											
5	CITIZENSHIP (Check One)		<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 3) <input type="checkbox"/> Other (See Instructions On Page 3)										
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE Select One or More (Your Response is Voluntary) <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										
8	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female												
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First	Full Middle Name	Last								
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)		<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:15%;">X</td><td style="width:15%;">X</td><td style="width:15%;">X</td><td style="width:15%;">X</td><td style="width:15%;">X</td><td style="width:15%;">X</td><td style="width:15%;">X</td><td style="width:15%;">X</td> </tr> </table> <input type="checkbox"/> Unknown			X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X						
10	A. PARENT/ FATHER'S NAME		First	Full Middle Name	Last								
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)		<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:15%;">X</td><td style="width:15%;">X</td><td style="width:15%;">X</td><td style="width:15%;">X</td><td style="width:15%;">X</td><td style="width:15%;">X</td><td style="width:15%;">X</td><td style="width:15%;">X</td> </tr> </table> <input type="checkbox"/> Unknown			X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X						
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 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 MM/DD/YYYY		15		DAYTIME PHONE NUMBER Area Code Number								
16		MAILING ADDRESS (Do Not Abbreviate)											
		Street Address, Apt. No., PO Box, Rural Route No. SIUE International Affairs, SSC Rom 0300, Box 1616 City State/Foreign Country ZIP Code Edwardsville IL 62026											
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		18		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 _____								

PPORT _____ # _____ ISS _____ EXP _____ I94 CODE _____ # _____ ISS _____ EXP _____ I20 CODE _____ SEVIS# _____ ISS _____ EXP _____ WIU DSO LET VER FTA&ELIG TO WORK, ON CAMPUS EMP VER LTR EMP NAME _____ JOB START DATE _____	REVIEWING EMPLOYEE _____ INIT _____ DATE _____ _____ INIT _____ DATE _____
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Have you ever:	<u>YES</u>	<u>NO</u>
Visited or lived in the United States?	_____	_____
Applied for or received a U.S. Federal or State funded benefit, such as TANF, Food Stamps, WIC, Medicaid, medical assistance public job training, or summer youth employment?	_____	_____
Had an Employment Authorization Document (EAD), I-766, or I-688 issued by the Department of Homeland Security (DHS)?	_____	_____
Had a DHS Form I-94 (arrival /Departure Record) that grants permission to work in the U.S.?	_____	_____
Ever needed or had a Social Security number or card before?	_____	_____