SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved OMB No. 0960-0066

1 1		All 167 May 16779 American All Control				The second second		
1	NAME TO BE SHOWN ON CARD FULL NAME AT BIRTH IF OTHER THAN ABOVE First		JOH	Full Middle Name		Last DC	DOE	
	OTHER NAMES USE	ED						
2	Social Security num listed in item 1	nber previously a	assigned to	the person				
3	PLACE OF BIRTH			Office Use Only		MANDOWY		
	(Do Not Abbreviate)	City		State or Foreign (Country Legal Alien	FCI	BIRTH In Not Allowed	MM/DD/YYYY Other (See
5	CITIZENSHIP (Check One)		U.S. Citizen Allowed To To V			ien Not Allowed (See ons On Page 3)	Instructions On Page 3)	
	ETHNICITY		RACE	2002	Native I	Hawaiian	American Indian	Other Pacific Islander
6	Are You Hispanic or Lati (Your Response is Volur Yes		Select One o (Your Respon	or More onse is Voluntary)	Alaska I	Native	Black/African American	White
8	SEX							
	A. PARENT/ MC		First		Full Middle	e Name	Last	
9	NAME AT H		CIAI				 	
	SECURITY N	NUMBER (See i	instructions for	r 9 B on Page 3)	T. W.Midd		<u></u>	Unknown
	A. PARENT/ FA	THER'S	First		Full Middle	e Name	Last	
10	B. NAME	THER'S SOC	SIAL			7_	1_	
	SE	IBER (See instru	ructions for 10B					Unknown
11	Has	d in item 1 or a	nyone actin	g on his/her b	ehalf ever fi	iled for or rec	ceived a Social	l Security number
11		questions 12-13)		No	☐ Don't	Know (If "don't k	know," skip to ques	stion 14.)
12	2 Name						ast	
13	Ent	late of birth if us	sed on an					19
10		or a card		PAVTIME	DUONE	MM	M/DD/YYYY	5
14	TC DA	MM/DD/YYYY	113	DAYTIME F NUMBER	HUNE	Area Code	e Number	
				pt. No., PO Box, F	Rural Route N		3 Number	
16	MA (Do	City	City State/Foreign Country ZIP Code					
	of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and to the best to my knowledge.							
17	YOUR SIGNATURE Grantor: john-henry: doe 18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: Natural Or Adoptive Parent Legal Guardian Other Specify Legal Guardian Other Specify							
	OT WRITE BELOW THIS		SE ONLY)					
NPN			DOC	NTI		CAN	DNR	UNIT
PBC EVIDE	ENCE SUBMITTED	EVA	EVC	PRA	SI		TITLE OF EMPLOYE	EE(S) REVIEWING
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				E,	VIDENCE AND/OF	R CONDUCTING INT	TERVIEW
	5							DATE
					-	OCI		DATE