

# **SOCIAL SECURITY ADMINISTRATION**

## **Application for a Social Security Card**

**Applying for a Social Security Card is free!**

### **USE THIS APPLICATION TO:**

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

**IMPORTANT:** You MUST provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance contact any U.S. Social Security office, U.S. Embassy or consulate or the Veterans Affairs Regional Office (VARO) in Manila. For information about services outside the U.S., visit our website at [www.socialsecurity.gov/foreign](http://www.socialsecurity.gov/foreign).

### **Original Social Security Card**

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

### **Replacement Social Security Card**

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

### **Changing Information on your Social Security Record**

To change the information on your Social Security number record (i.e., a name or citizenship change or corrected date of birth), you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

### **LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS**

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

### **IF YOU HAVE ANY QUESTIONS**

If you have any questions about this form or about the evidence documents you must provide, please contact any U.S. Social Security office, U.S. Embassy or consulate or VARO. For information about services outside the U.S., visit our website at [www.socialsecurity.gov/foreign](http://www.socialsecurity.gov/foreign).

## **EVIDENCE DOCUMENTS**

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Contact any U.S. Social Security office, U.S. Embassy or consulate or VARO if you cannot provide these documents.

**IMPORTANT:** If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. The U.S. Embassy or consulate, military office or VARO will make certified copies of your original documents to mail to the Social Security Administration along with this application. Do not mail your original documents to the Social Security Administration in Baltimore, Maryland.

### **Evidence of Age**

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. Hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

### **Evidence of Identity**

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description – height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. drivers' license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, or employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s), your foreign passport, foreign driver's license or foreign ID card with biographical information or photograph.

**WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB, OR A SOCIAL SECURITY RECORD as evidence of identity.**

### **Evidence of U.S. Citizenship**

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

### **Evidence of Immigration Status**

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, I-688B, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). 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 only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

## **HOW TO COMPLETE THIS APPLICATION**

**Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½” x11” (or A4, 8.25” x 11.7”) paper.**

**GENERAL:** Items on the form are self-explanatory or 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.

4. Show the month, day, and full (4 digit) year of birth, for example, “1998” for year of birth.
5. If you check “Legal Alien Not Allowed to Work” or “Other” you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the U.S. government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
6. Providing race/ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.
- 8.B, 9.B. If you are applying for an original Social Security Card for a child under age 18, you **MUST** show the mother’s and father’s Social Security numbers unless the mother and/or father was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the “unknown” box. Do not complete this item for replacement cards unless you are changing the number(s) currently shown on your record.
12. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 12 and provide evidence to support the date of birth shown in item 4.
15. Show an address where you can receive your card.
16. **WHO CAN SIGN THE APPLICATION?** If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 16. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. 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. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Contact us if you have questions about who may sign your application.

## **HOW TO SUBMIT THIS APPLICATION**

In most cases, you can take or mail this signed application with your documents to any Social Security office, U.S. Embassy or consulate or VARO. If you are a military dependent or a U.S. citizen working on a U.S. military post, you may also go to the Post Adjutant or Personnel Office. If you do not want to mail your original documents, take them along with this application to one of the offices listed above. The people there will make certified copies of your original documents and mail them to the Social Security Administration along with this application. Do not mail your original documents to the Social Security Administration in Baltimore, Maryland.

## **PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD**

Protect your SSN card and number from loss and identity theft. **DO NOT** carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card, e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

## **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 ask for your race and ethnicity information as a result of an Office of Management and Budget directive for Federal agencies to collect race and ethnicity information using standards consistent throughout the Federal Government. The information we will collect will be used for statistical research purposes and will not be used in any way to make a determination about the business you are conducting with Social Security. If you provide this information, we will treat it very carefully.

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 Homeland Security, 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 he or she requests information to answer questions you ask him or her.

We may disclose your race and ethnicity information when there are safeguards that the record will be used solely as a statistical or research record and your information cannot be identified from any information in the record, or to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

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.

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 requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

# SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved  
OMB No. 0980-0066

1	<b>NAME</b> → TO BE SHOWN ON CARD	First	Full Middle Name	Last
	<b>FULL NAME AT BIRTH</b> IF OTHER THAN ABOVE	First	Full Middle Name	Last
	<b>OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD</b>			

2 Social Security Number previously assigned to person listed in item 1 → \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3	<b>PLACE OF BIRTH</b> (Do Not Abbreviate) City	State or Foreign Country	FCI	Office Use Only	4	<b>DATE OF BIRTH</b> Month Day Year	_____ / _____ / _____

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 **RACE/ETHNIC DESCRIPTION** → (Your Response is Voluntary)

Are you Hispanic or Latino?  Yes  No

**CHECK ALL THAT APPLY:**

Alaska Native     Black/African American     Other Pacific Islander  
 American Indian     Native Hawaiian     White  
 Asian

7 **SEX** →  Male     Female

8 **A. MOTHER'S NAME AT HER BIRTH** →

First	Full Middle Name	Last Name At Her Birth
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8 **B. MOTHER'S SOCIAL SECURITY NUMBER** → (See instructions for 8B on Page 3) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  unknown

9 **A. FATHER'S NAME** →

First	Full Middle Name	Last
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9 **B. FATHER'S SOCIAL SECURITY NUMBER** → (See instructions for 9B on Page 3) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  unknown

10 Has the person 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 11-12)     No     Don't Know (If "don't know, skip to item 13.)

11 **recent Social Security card issued for the person listed in item 1.** →

Name shown on the most recent Social Security card issued for the person listed in item 1.

First	Middle Name	Last
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12 Enter any different date of birth if used on an earlier application for a card. → \_\_\_\_\_

Month, Day, Year

13 **TODAY'S DATE** → \_\_\_\_\_

Month, Day, Year

14 **DAYTIME PHONE NUMBER** ( ) - \_\_\_\_\_

Area Code    Number

15 **MAILING ADDRESS** →

Do Not Abbreviate

Street Address, Apt. No., PO Box, Rural Route No.

City    STATE/FOREIGN COUNTRY    ZIP Code

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.

16 **YOUR SIGNATURE** → \_\_\_\_\_

17 **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