

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

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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:** You **MUST** provide the required evidence or we cannot process the application. Follow the instructions below to provide the information and 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.

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### 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.

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## 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.

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## 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.)

**AGE:** We prefer to see your birth certificate. However, we can accept another document that shows your age. Some of the other documents we can accept are:

- Hospital record of your birth (created at the time of your birth)
- Religious record showing your age made before you were 3 months old
- Passport
- Adoption record (the adoption record must indicate that the birth data was taken from the original birth certificate)

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

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**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 SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD OR CARD STUB, OR SOCIAL SECURITY RECORD** as evidence of identity. Some documents we can accept are:

- Driver's license
- Employee ID card
- Passport
- Marriage or divorce record
- Adoption record (only if not being used to establish age)
- 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**, you must provide evidence that establishes your authority to sign the application on behalf of the person to whom the card will be issued. In addition, 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 Department of Homeland Security (DHS) showing your immigration status, 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 DHS.

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).

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## 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 12 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.socialsecurity.gov](http://www.socialsecurity.gov).

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> → <small>TO BE SHOWN ON CARD</small>	First	Full Middle Name	Last
	<b>FULL NAME AT BIRTH</b> <small>IF OTHER THAN ABOVE</small>	First	Full Middle Name	Last
	<b>OTHER NAMES USED</b>			
<b>2</b>	<b>MAILING ADDRESS</b> → <small>Do Not Abbreviate</small>	Street Address, Apt. No., PO Box, Rural Route No.		
		City	State	Zip Code
<b>3</b>	<b>CITIZENSHIP</b> → <small>(Check One)</small>	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien <b>Not</b> Allowed To Work (See Instructions On Page 1) <input type="checkbox"/> Other (See Instructions On Page 1)		
<b>4</b>	<b>SEX</b> →	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>5</b>	<b>RACE/ETHNIC DESCRIPTION</b> → <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 <input type="checkbox"/> White (Not Hispanic)		
<b>6</b>	<b>DATE OF BIRTH</b> → <small>Month, Day, Year</small>	<b>7</b>	<b>PLACE OF BIRTH</b> → <small>(Do Not Abbreviate)</small>	
			City	State or Foreign Country
<b>8</b>	<b>A. MOTHER'S MAIDEN NAME</b> →	First	Full Middle Name	Last Name At Her Birth
	<b>B. MOTHER'S SOCIAL SECURITY NUMBER</b> →	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="width: 10%; text-align: center;">-</div> <div style="width: 20%;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="width: 10%; text-align: center;">-</div> <div style="width: 20%;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> </div>		
<b>9</b>	<b>A. FATHER'S NAME</b> →	First	Full Middle Name	Last
	<b>B. FATHER'S SOCIAL SECURITY NUMBER</b> →	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="width: 10%; text-align: center;">-</div> <div style="width: 20%;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="width: 10%; text-align: center;">-</div> <div style="width: 20%;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> </div>		
<b>10</b>	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.)			
<b>11</b>	Enter the Social Security number previously assigned to the person listed in item 1. →	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="width: 10%; text-align: center;">-</div> <div style="width: 20%;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="width: 10%; text-align: center;">-</div> <div style="width: 20%;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> </div>		
<b>12</b>	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. →	First	Middle Name	Last
<b>13</b>	Enter any different date of birth if used on an earlier application for a card. →	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="width: 10%; text-align: center;">-</div> <div style="width: 20%;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="width: 10%; text-align: center;">-</div> <div style="width: 20%;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> </div>		
<b>14</b>	<b>TODAY'S DATE</b> → <small>Month, Day, Year</small>	<b>15</b>	<b>DAYTIME PHONE NUMBER</b> → <small>( ) Area Code    Number</small>	
<b>16</b>	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.			
	<b>YOUR SIGNATURE</b> →	<b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b>		
		<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
PBC	EVI	EVA	EVC	PRA
NWR		DNR	UNIT	
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
			DATE	
			DATE	