

Application for a Social Security Card

1	NAME TO BE SHOWN ON CARD	First Your First Name	Full Middle Name	Last Complete Last Name
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED	n/a		
2	Social Security number previously assigned to the person listed in item 1		<input type="text"/>	<input type="text"/>
3	PLACE OF BIRTH (Do Not Abbreviate)	City	State or Foreign Country	Office Use Only FCI
4	DATE OF BIRTH	MM/DD/YYYY		
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)
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
	MOTHER'S NAME AT HER BIRTH			
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 *	Street Address, Apt. No., PO Box, Rural Route No. 10501 FGCU Boulevard South (Reed Hall 122)		
	(Do Not Abbreviate)	City Fort Myers	State/Foreign Country Florida	ZIP Code 33965
17	YOUR SIGNATURE	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.		
	<i>Your Signature Here</i>	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	

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			

For a secure place to receive your Social Security Card you may use the Address of the Global Engagement Office