

## SOCIAL SECURITY NUMBER

THE FINAL STEP IN BIRTH REGISTRATION IS OBTAINING YOUR BABYS' SSN. TO DO THIS YOU NEED TO MAKE COPIES OF THE FOLLOWING:

- \* BABYS' PASSPORT ID PAGE (PICTURE PAGE)
- \* BABYS' CONSULAR REPORT OF BIRTH ABROAD
- \* MOM AND DADS' PASSPORT ID PAGE OR DRIVERS LICENSE

ONCE THIS IS DONE TAKE THE COPIES TO ANY LEGAL OFFICE ON BASE TO HAVE THEM NOTARIZED AND CERTIFIED. THEN FILL OUT THE ATTACHED SSN APPLICATION AND SEND THIS ALONG WITH THE COPIES TO THE FOLLOWING ADDRESS:

SOCIAL SECURITY ADMINISTRATION  
SUITE 300  
655 HARMON LOOP ROAD  
DEDEDO, GUAM 96929

PLEASE ALLOW 3-4 WEEKS FOR YOUR BABYS' SSN TO ARRIVE IN THE MAIL. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE SSN OFFICE AT 1-800-772-1213 OR 1-671-635-4433. YOU CAN VISIT THE SOCIAL SECURITY ADMINISTRATION WEBSITE AT [HTTP://WWW.SSA.GOV](http://www.ssa.gov)

\*\*IF YOU ARE RETURNING TO THE STATES, YOU CAN OBTAIN YOUR CHILDS SSN THERE\*\*

# 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 Not Allowed To Work (See Instructions On Page 2)	<input type="checkbox"/> Other (See Instructions On Page 2)	
	<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		FCL		
<b>8</b>	<b>A. MOTHER'S NAME AT HER BIRTH</b> _____			First	Full Middle Name	Last Name At Her Birth		
	<b>B. MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 8B on Page 2) _____			_____				
<b>9</b>	<b>A. FATHER'S NAME</b> _____			First	Full Middle Name	Last		
	<b>B. FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9B on Page 2) _____			_____				
<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. _____			_____				
				First	Middle Name	Last		
<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. _____			_____				
				Month, Day, Year				
<b>14</b>	<b>TODAY'S DATE</b> _____ <small>Month, Day, Year</small>			<b>15</b>	<b>DAYTIME PHONE NUMBER</b> _____ <small>( ) -</small>			
					Area Code	Number		
<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>17</b>	<b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b>			
	<b>YOUR SIGNATURE</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		ITV
PBC	EVI	EVA	EVC	PRA	NWR	DNR	UNIT	
EVIDENCE SUBMITTED					SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW			
					DATE			
					DATE			
					DCL			
					DATE			