

Social Security Number Record Request for Extract or Photocopy

INSTRUCTIONS: Print or type all data. Sign in ink. Allow 4 to 6 weeks for a reply.

I hereby request an extract or photocopy of my application(s) for a social security number. To establish my identity and to verify my social security number, I am furnishing my full identifying information, as follows.

Social Security Number	Full Name Used
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Name Shown on Last Social Security Card *(if different from full name now used)*

Full Name at Birth

Date of Birth (MM/DD/YYYY)

Place of Birth <i>(city, county, and state or foreign country)</i>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Full Maiden Name of Mother *(whether living or deceased)*

Full Name of Father *(whether living or deceased)*

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 understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

Signature <i>(do not print unless this is your usual signature)</i>	Date
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Street Address	City, State, and ZIP Code
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NOTE: A printed signature or a signature by mark (X) must be witnessed below by two adults.

1. Signature	2. Signature
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Street Address	Street Address
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City, State, and ZIP Code	City, State, and ZIP Code
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Mail to: DEBS Enumeration Unit
PO Box 33022
Baltimore, MD 21290-3000