

## 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 (if known)	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*)

**PENALTY STATEMENT** (read before signing) I am the person to whom this record pertains and I understand that to knowingly and willfully petition or acquire information from a person's Social Security record under false pretenses is a criminal offense subject to a \$5,000 fine.

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
City, State, and ZIP Code	City, State, and ZIP Code

Mail to: DEBS Enumeration Unit  
PO Box 33000  
Baltimore, MD 21290-3000