

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>	Sex <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
Street Address	Street Address
City, State, and ZIP Code	City, State, and ZIP Code

Mail to: DEBS Enumeration Unit
PO Box 33022
Baltimore, MD 21290-3000