

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD	First Dominic Francis	Full Middle Name A	Last Manipon										
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last										
	OTHER NAMES USED													
2	Social Security number previously assigned to the person listed in item 1		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; height:20px;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>											
3	PLACE OF BIRTH (Do Not Abbreviate) City	Mandaluyong	other State or Foreign Country											
			Office Use Only FCI	4 DATE OF BIRTH 07/31/2003 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)										
				<input checked="" type="checkbox"/> Other (See Instructions On Page 3)										
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary)	<input checked="" 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 checked="" type="checkbox"/> Other Pacific Islander										
		<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White										
		<input checked="" type="checkbox"/> Asian												
8	SEX	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female											
9	A. PARENT/MOTHER'S NAME AT HER BIRTH	First	Full Middle Name	Last Name At Her Birth										
	B. PARENT/MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; height:20px;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>												<input type="checkbox"/> Unknown
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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; height:20px;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>												<input type="checkbox"/> Unknown
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 checked="" 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 Dominic Francis	Full Middle Name A	Last Name Manipon										
13	Enter any different date of birth if used on an earlier application for a card		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; height:20px;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>											
14	TODAY'S DATE 09/28/2024 MM/DD/YYYY	15 DAYTIME PHONE NUMBER 360 819-6471 Area Code Number												
16	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No. 6959 radius loop se												
		City Olympia	State/Foreign Country Washington	ZIP Code 98513										
17	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 to my knowledge.													
17	YOUR SIGNATURE	18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input checked="" type="checkbox"/> Self <input type="checkbox"/> 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			