BIRTH REGISTRATION

** BY APPOINTMENT ONLY**
Monday, Wednesday, & Thursday**

https://usag_ansbach_passports.timetap.com

(Time-tap time zone stays blank or Europe/Berlin)

To Check the Status of Child's Social Security Card Application Please Call:

069-90555-1100

Monday, Tuesday & Thursdays 0900-1100

__ Child and both parents must be present on day of appointment.

__ Per US Dept. of state, all Passport applications must be completed on line at https://pptform.state.gov Use the following mailing address as the first address on the application

USAG ANSBACH PASSPORT OFFICE
UNIT 28721 BOX 6511
APO AE 09177

__ "Is this your permanent address?" Check "NO" & Use your CMR address.

__ For the Social Security number, put in all zeros: 000-00-0000 to move forward on application.

__ (Print pages 5 & 6 DO NOT SIGN this must be done in front of an acceptance agent).

__ Fill out form DS-2029 (04-2016). Go to https://eforms.state.gov and search for the form. Needs to be typed and printed. (A copy is attached for reference)

__Two color passport photos, (please see below for further information).

__ Bring the original GEBURTENREGISTER. (German birth certificate for child). It is usually a 2 to 3 page long document and folded on the top left corner with a blue stamp on the back.

__ Fees paid by Money Order or Cashier Check payable to: *US Department of State*
$100 for Consulate Report of Birth **ONLY** and Military No Fee Passport
$215 for Consulate Report of Birth and Tourist Passport ($100 for CRBA + $115 tourist = $215)
NOTE: We CANNOT accept CASH, PERSONAL CHECK OR DEBIT/CREDIT CARD!
Money Orders available at these locations:

Post Office BLDG 5817 Mon-Thurs: 1000-1700 Fri: 1300-1700
Community Bank Mon, Tues, Wed, & Fri: 0900-1600, Thurs: 1100-1800
Service Credit Union: Mon – Fri 0900-1700

__ Bring the following ORIGINAL documents from the mother and/or father:

- U.S. Passport.
- Valid Military ID card
- U.S. Birth Certificate or original U.S. Naturalization Certificate
- Marriage certificates
- All Divorce Decrees
- Any name changes

***If one parent is a U.S. Citizen, and the other parent is not, the U. S. Citizen parent MUST prove 5 years Physical Presence living in the United States. 3 years before the age of 14 and 2 years after the age of 14, or all 5 years after 14. Verification can be a copy of the following examples:

- School records
- DD 214
- ERB/ORB

__ Parents with command sponsored dependents can apply for both the Tourist and No-Fee passports on the same day. Fee is still $215. You will need to bring in 2 sets of DS 11 applications and 4 identical photos. Please note that if the child is not command sponsored fee is still $215.00 dollars for Consular Report of Birth Abroad and Tourist Passport. ALL DAC/ DoD Civilians will pay the fee of $215 for Consular Report of Birth Abroad and Tourist Passport.

__ If you already have a Command Sponsored FM in country your child is automatically Command Sponsored. Please stop by room 120 to update status and for further information.

NO-FEE Passports (if applicable)

__ Bring approved copy of Command Sponsored Order/Memorandum of command sponsorship for dependent if applying for a NO-FEE Passport.

__ Bring copy of orders bring you to Germany

WHEN ONE PARENT IS DEPLOYED:

__ Affidavit of Parentage and Physical Presence is required when parents ARE NOT married or the child was conceived prior to the marriage. In addition, bring Vaterschaftsanerkennung (German paternity document) if mother is a German/local national and is not married to father.

** Special Power of Attorney or DS Form 3053 (**Statement of Minor Consent**) is **required ONLY** when one parent is deployed or in the United States and a front and back copy of ID. POA must specifically state "to apply for a U.S. Passport"

****There is no expediting of CRBA. It takes 8 weeks from the appointment to the completion. Making an appointment at the Frankfurt Consulate will only issue an Emergency Passport good for 1 year. Please plan accordingly.

PASSPORT PHOTOS

* Training Support Center (TSC) Bismarck Kaserne (Bldg 5900), 0800-1200, 1300-1600 MON-FRI. The photos are FREE if you are a Military/DOD ID card holder. Tel # 09802-83-2731 DSN 467-2731/1398. PREFERRED METHOD!!

* White/light background; no hat nor anything in baby's mouth. Both sides of the child's face must be shown/visible.

* If you choose to use a Passport Photo shop on the economy be sure to ask for AMERICAN size passport photos; (2in X 2in or 5cm X 5cm). HIGHLY DISCOURAGED!!

* If you need to order the original certificate/decree for: Birth, Marriage, Divorce, or Death you can do so at this address:

www.vitalchek.com or www.vitalrec.com or call 1-800-255-2414 for more info.

HOW TO FILL OUT THE DS-2029 FORM

•Access the form online @ https://eforms.state.gov/
•Form: **APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD**

KEY NOTES/INFO

When filling/answering the ONLINE procedure/process for the DS-2029 application.

•Items/Blocks **1 thru 4** (Self Explanatory): Child's information.
•Date of Birth should be enter in the following format: **MM-DD-YYYY.**
•**Do not forget to enter the gender of the CHILD.**

•Items/Blocks **5 thru 16** needs to be filled on both the mother and father.
(**Don't forget to enter the mother's maiden name).**

•Item/Block **10** is your CMR address (both parent can use the same address).

•Item/Block **17** is your USA address (both parent can use the same address; this address may be the address you used as a permanent address or the emergency contact address from the DS-11 application).

•Item/Block **18-21.** Self explanatory

•Item/Block **22 and 23:** If no previous marriages enter "**NONE"**; if there were previous marriages from either parent, enter each previous marriage and the dates they were terminated. (ie. 12-15-2005 married: 12-15-2006 Divorced).

•Item/Block **24 and 25:** Tracks the time you were in the U.S.A. from your time of birth for **6 months or longer**; to include when you returned to the U.S.A. for **6 months or longer**. You will list the info each time you departed/returned for **6 months or longer.** See example:

FROM	**TO**
12-15-1970 (Birth date)	05-30-1990
04-30-1993	11-25-1997
09-22-2000	10-29-2007

Item/Block **26 and 27:** Tracks the time you left the U.S.A. from your time of birth for **6 months or longer**; too include when you returned to the U.S.A. for **12 months or longer**. You will list the info each time you departed/returned for **6 months or longer.** See example

FROM	**TO**	**BRANCH OF SERVICE**
05-31-1990	04-30-1993	U.S. ARMY
11-26-1997	09-22-2000	U.S. FAM
10-30-2007	**leave blank**	DoD CIV

Look the application over before printing to verify all information is filled out accurately **If you find any errors on the application, you must correct the errors before printing.** Once you have verified all information is accurate **print the application.** You will bring the printed form/application to the appointment. **DO NOT SIGN THE APPLICATION THIS WILL BE DONE AT APPOINTMENT.**

U.S. Department of State

APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD OF A CITIZEN OF THE UNITED STATES OF AMERICA

OMB NO. 1405-0011
EXPIRES: 03/31/2019
Estimated Burden: 20 minutes

Registration Number

A. THIS SECTION TO BE COMPLETED BY THE CHILD'S PARENT(S) OR GUARDIAN(S) OR THE CHILD *(USE SECTION D CONTINUATION SHEET)*

INFORMATION ABOUT THE CHILD

1. Name of Child in Full

LAST NAME *(Last/Surname)* | FIRST NAME *(First)* | MIDDLE NAME *(Middle)*

2. Sex ☐ M ☐ F

3. Date of Birth ___ / ___ / ____ *(month) (day) (year)*

4. Place of Birth

CITY OF BIRTH *(City)* | COUNTRY OF BIRTH *(Country)*

NOTE: (If the U.S. citizen parent transmitting citizenship to the child is not present, he or she may complete State Department Form DS 5507 Affidavit of Parentage Physical Presence and Support and submit it separately. The parent completing this application should provide as much information on the parent completing the Form DS 5507 as he or she has.)

INFORMATION ON MOTHER/FATHER/PARENT

5. Full Name **SSN NUMBER (FATHER)**

LAST NAME *(Last/Surname)* | FIRST NAME *(First)* | MIDDLE *(Middle)*

6. All Previous Legal Names Used

(Last/Surname) | *(First)* | *(Middle)*

(Last/Surname) | *(First)* | *(Middle)*

7. Sex ☒ M ☐ F

8. Date of Birth ___ / ___ / ____ *(month (day (year)*

9. Place of Birth

CITY *(City)* | STATE *(State/Province)* | COUNTRY *(Country)*

10. Current Physical Address *(Do not list P.O. Box)* *(A.P.O. Address Permitted)*

(Address Line 1)

(City, State/Province, Country, Postal Code)

(Phone Number(s))

(Email Address)

Use this address if Consular Report of Birth will be mailed? ☒ Yes ☐ No

INFORMATION ON MOTHER/FATHER/PARENT

11. Full Name **SSN NUMBER (MOTHER)**

LAST NAME *(Last/Surname)* | FIRST NAME *(First)* | MIDDLE *(Middle)*

12. All Previous Legal Names Used

MAIDEN NAME *(Last/Surname)* | FIRST *(First)* | MIDDLE *(Middle)*

(Last/Surname) | *(First)* | *(Middle)*

13. Sex ☐ M ☒ F

14. Date of Birth ___ / ___ / ____ *(month) (day) (year)*

15. Place of Birth

CITY *(City)* | STATE *(State/Province)* | COUNTRY *(Country*

16. Current Physical Address *(Do not list P.O. Box)* *(A.P.O. Address Permitted)*

(Address Line 1)

(City, State/Province, Country, Postal Code)

(Phone Number(s))

(Email Address)

Use this address if Consular Report of Birth will be mailed? ☒ Yes ☐ No

17. Mailing Address *(if different from Current Physical Address) (Do not list a P.O. Box.)* *(You may list an A.P.O. address)*

USAG ANSBACH, UNIT 28614, PASSPORT OFFICE *(Address Line 1)*

APO AE 09177 *(City, State/Province, Country and Postal Code)*

(Continued)
INFORMATION ON MOTHER/FATHER/PARENT

18. Citizenship
Were you a U.S. citizen or U.S. Non-Citizen National when the child was born?

[X] Yes [ ] No

(Continued)
INFORMATION ON MOTHER/FATHER/PARENT

19. Citizenship
Were you a U.S. citizen or U.S. Non-Citizen National when the child was born?

[X] Yes [ ] No

MARITAL STATUS OF THE PARENTS

20. Were you married to the child's other biological parent when the child was born? [X] Yes [ ] No

21. Date and Place of Marriage to the child's other biological parent and current status

___ / ___ / _____ _____ _____ _____
(month) (day) (year) *(City)* *(State/Province)* *(Country)*

[X] Still Married [ ] Divorced ___ / ___ / _____ (month) (day) (year) [ ] Death ___ / ___ / _____ (month) (day) (year)

(Continued)
INFORMATION ON MOTHER/FATHER/PARENT

22. Please list any other marriages *(Show Name(s) of Spouse(s), Dates and Current Status)* if applicable *(Death, Divorce, Still Married).* If you have never been married, enter "None." *(If additional space is needed, please use the Section D Continuation Sheet)*

STILL MARRIED

(Continued)
INFORMATION ON MOTHER/FATHER/PARENT

23. Please list any other marriages *(Show Name(s) of Spouse(s), Dates and Current Status)* if applicable *(Death, Divorce, Still Married).* If you have never been married, enter "None." *(If additional space is needed, please use the Section D Continuation Sheet)*

STILL MARRIED

24. Precise Periods of Time in United States
(if additional space is needed, please use the Section D Continuation Sheet)

Place *(City, State)*	Date *(month-day-year)*	Date *(month-day-year)*
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

25. Precise Periods of Time in United States
(if additional space is needed, please use the Section D Continuation Sheet)

Place *(City, State)*	Date *(month-day-year)*	Date *(month-day-year)*
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

26. Precise Periods Abroad in U.S. Armed Forces, in other U.S. Government Employment, with Qualifying International Organization, or as a dependent child of a person so employed *(Specify) (if additional space is needed please use the Section D Continuation Sheet)*

Branch/Agency/Org.	Date *(month-day-year)*	Date *(month-day-year)*
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

27. Precise Periods Abroad in U.S. Armed Forces, in other U.S. Government Employment, with Qualifying International Organization, or as a dependent child of a person so employed *(Specify) (if additional space is needed please use the Section D Continuation Sheet)*

Branch/Agency/Org.	Date *(month-day-year)*	Date *(month-day-year)*
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

B. THIS SECTION TO BE COMPLETED BEFORE/BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATH

NOTE: If a U.S. citizen parent transmitting citizenship to the child born out of wedlock is not present, he or she may complete State Department Form DS 5507 Affidavit of Parentage Physical Presence and Support and submit separately. Only the U.S. citizen father of a child born abroad out of wedlock must complete the acknowledgement of paternity and agreement to provide financial support.

28. I _____ do solemnly swear *(or affirm)(check all that apply)*
(Name)

☐ I am a U.S. citizen or non-citizen national. ☐ I am the father of _____ ,
(Name of Child)

who was born on _____ in _____ . ☐ My child was born out of wedlock, and I am the
(Date of Birth) *(Place of Birth)*

the father through whom he/she is claiming U.S. citizenship. ☐ I agree to provide financial support for this child until he/she reaches the age of eighteen

_____
(Signature of Affiant)

SUBSCRIBED AND SWORN TO *(AFFIRMED)* before me this _____ day of _____ , _____

_____
(Signature and Title of Administering Officer)

(SEAL)

(Continued)

THIS SECTION TO BE COMPLETED BEFORE/BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATHS

29. Affirmation: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Name of Person(s) Providing Information	Relationship to the Child *(Parent, Legal Guardian, Other (Specify))*	Signature of Person(s) Providing Information
	FATHER	
	MOTHER	

Type Name and Title of Official	Signature of Official	City	Date
		ANSBACH, GERMANY	___ / ___ / ____ *(month) (day) (year)*

Subscribed to: *(SEAL)*

30. Approval of Consular Report of Birth

(Printed Name of Consular Officer)	*(Signature of Consular Officer)*	
(Approving Post)	___ / ___ / ____ *(month) (day) (year)* *(Date of Approval)*	*(Registration Number)*

C. FOR OFFICIAL USE

31. Documents Presented - Please mark accordingly and provide date of document. (If more space is required, list on separate page)

☐ Child's Birth Certificate ___/___/_____ _____ _____ _____
(month) (day) (year) (City) (Province) (Country)

☐ Marriage Certificate ___/___/_____ ___/___/_____ _____ _____
(month) (day) (year) (File Date) (month) (day) (year) (Date of Issuance) (City) (State)

_____ _____
(Province) (Country)

☐ Divorce Decree(s) (a) ___/___/_____ ___/___/_____ _____ _____
(month) (day) (year) (File Date) (month) (day) (year) (Date of Issuance) (City) (State)

_____ _____
(Province) (Country)

(b) ___/___/_____ ___/___/_____ _____ _____
(month) (day) (year) (File Date) (month) (day) (year) (Date of Issuance) (City) (State)

_____ _____
(Province) (Country)

(c) ___/___/_____ ___/___/_____ _____ _____
(month) (day) (year) (File Date) (month) (day) (year) (Date of Issuance) (City) (State)

_____ _____
(Province) (Country)

☐ Death Certificate(s) (a) ___/___/_____ _____ _____
(month) (day) (year) (City) (State)

(b) ___/___/_____ _____ _____
(month) (day) (year) (City) (State)

☐ Mother/Father/Parent's Passport _____ ___/___/_____ _____
(Passport Number) (month) (day) (year) (Date of Issuance) (Nationality)

☐ Mother/Father/Parent's Passport _____ ___/___/_____ _____
(Passport Number) (month) (day) (year) (Date of Issuance) (Nationality)

☐ Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate) _____ _____ ___/___/_____
(Name of the Citizenship Document) (Document Number) (month) (day) (year) (Date of Issuance)

☐ Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate) _____ _____ ___/___/_____
(Name of the Citizenship Document) (Document Number) (month) (day) (year) (Date of Issuance)

☐ Other Identity Document of Mother/Father/Parent (e.g. Driver's License) _____ _____ ___/___/_____
(Name of the Identity Document) (Document Number) (month) (day) (year) (Date of Issuance)

☐ Other Identity Document of Mother/Father/Parent (e.g. Driver's License) _____ _____ ___/___/_____
(Name of the Identity Document) (Document Number) (month) (day) (year) (Date of Issuance)

☐ Other (Legal Guardianship; Power of Attorney, etc.) _____ _____ ___/___/_____
(Name of the Document) (Document Number) (month) (day) (year) (Date of Issuance)

PRIVACY ACT STATEMENT

AUTHORITY: The information solicited on this form is requested pursuant to provisions in Titles 8 and 22 of the United States Code (U.S.C.), whether or not codified, including specifically 22 U.S.C. 2705 and predecessor statutes, and by regulations issued pursuant to E.O. 11295 (August 5, 1966), including Part 50, Title 22 Code of Federal Regulations (CFR).

PURPOSE: The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a Consular Report of Birth and to properly administer and enforce the laws pertaining thereto. The information may also be used in connection with issuing other evidence of citizenship, and in furtherance of the Secretary's responsibility for the protection of U.S. nationals abroad.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies, to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement and administrative purposes. It may also be disclosed pursuant to court order. The information may be made available to foreign government agencies to fulfill passport control and immigration duties. The information may also be provided to foreign government agencies, international organizations and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address possible violations of law or to further the Secretary's responsibility for the protection of U.S. nationals abroad. The information may be made available to private U.S. citizen 'wardens' designated by the U.S. embassies and consulates. More information on the Routine Uses for the form can be found in the System of Records Notice, Public Notice 6209 for May 2, 2008. The title of this notice is Overseas Citizens Services Records.

DISCLOSURE: Providing the information requested on this form is voluntary. Failure to provide the information requested on this form may result in the denial of a Consular Report of Birth, related document or service to the individual seeking such report, document or service.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: CA/OCS/L, SA-29, 4th Floor, U.S. Department of State, Washington, DC 20037-3202.

SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You MUST provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at **www.socialsecurity.gov**.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.

5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.

6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.

9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you MUST show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.

13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.

16. Show an address where you can receive your card 7 to 14 days from now.

17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to https://secure.ssa.gov/apps6z/FOLO/fo001.jsp to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT
Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;

2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);

3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and

4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1 NAME TO BE SHOWN ON CARD — First | Full Middle Name | Last

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 — ___ – ___ – ____

3 PLACE OF BIRTH (Do Not Abbreviate) City | State or Foreign Country | Office Use Only FCI

4 DATE OF BIRTH MM/DD/YYYY

5 CITIZENSHIP (Check One)
☐ U.S. Citizen ☐ Legal Alien Allowed To Work ☐ Legal Alien **Not** Allowed To Work(See Instructions On Page 3) ☐ Other (See Instructions On Page 3)

6 ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary)
☐ Yes ☐ No

7 RACE Select One or More (Your Response is Voluntary)
☐ Native Hawaiian ☐ American Indian ☐ Other Pacific Islander
☐ Alaska Native ☐ Black/African American ☐ White
☐ Asian

8 SEX ☐ Male ☐ Female

9 A. PARENT/ MOTHER'S NAME AT HER BIRTH First | Full Middle Name | Last

B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3) ___ – ___ – ____ ☐ 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) ___ – ___ – ____ ☐ 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?
☐ Yes (If "yes" answer questions 12-13) ☐ No ☐ 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 | Full Middle Name | Last

13 Enter any different date of birth if used on an earlier application for a card — MM/DD/YYYY

14 TODAY'S DATE MM/DD/YYYY

15 DAYTIME PHONE NUMBER Area Code Number

16 MAILING ADDRESS (Do Not Abbreviate)
Street Address, Apt. No., PO Box, Rural Route No.
City | State/Foreign Country | ZIP Code

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.**
YOUR SIGNATURE

18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:
☐ Self ☐ Natural Or Adoptive Parent ☐ Legal Guardian ☐ 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

DCL DATE