



SOCIAL SECURITY

June 27, 2011

Dr. Orly Taitz, Esq.
Defend Our Freedoms Foundation
29839 Santa Margarita Parkway
Suite 100
Rancho Santa Margarita, CA 92688

Dear Dr. Taitz:

This is in response to your Freedom of Information Act (FOIA) request dated October 4, 2010, in which you requested the dates for the Form SS-5 revisions.

Although we previously responded that FOIA does not require agencies to answer questions or do research in order to respond, we created a document in response to your FOIA request that provides the information you requested. I have enclosed the document showing dates for the Form SS-5 revisions. In addition, we are providing another copy of Stanley Ann Dunham's SS-5, which shows a clearer revision date.

We hope you find this information useful.

Sincerely,

Dawn S. Wiggins
Freedom of Information Officer

Enclosures

Versions of Form SS-5

1	1936: First version
2	9/42
3	7/56
4	7/69
5	10/69
6	2/73
7	7/74
8	9/75
9	1/76
10	11/77
11	2/78
12	5/78
13	8/78
14	11/78
15	8/79
16	9/79
17	10/80
18	2/81
19	10/81
20	7/82
21	11/82
22	1/83
23	8/83
24	1/84
25	5/84
26	8/84
27	1/85
28	8/85
29	10/86
30	11/86
31	2/87
32	2/88
33	3/88
34	5/88
35	9/89
36	2/98
37	3/2001
38	11/2002
39	9/2003
40	10/2003
41	12/2005
42	5/2006
43	8/2009

RETURN COMPLETED APPLICATION
 NEAREST SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE
 APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

535-410-8522

DO NOT WRITE IN THE ABOVE SPACE

FILE IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN".

1. PRINT NAME (YOURSELF, YOUR PRESENT FIRST NAME, MIDDLE NAME, IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE —) LAST NAME
STANLEY ANN DUNHAM

2. MAILING ADDRESS (NO. AND ST., P.O. BOX OR R.F.D. (RURAL DELIVERY) (ZONE) (STATE)
3206 E. LEXINGTON MERCER IS, WASH. 2

3. AGE OR LAST BIRTHDAY (MONTH) (DAY) (YEAR) (STATE)
16 NOVEMBER 29, 1942 KANSAS

4. EMPLOYER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD) PLACE OF BIRTH (CITY) (COUNTY) (STATE)
STANLEY ARMOUR DUNHAM WICHITA KANSAS

5. EMPLOYER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD) MOTHER'S FULL NAME BEFORE EVER MARRIED, IN REGARDLESS OF WHETHER LIVING OR DEAD
STANLEY ARMOUR DUNHAM MADELYN LEE PAYNE

6. (MARK (X) WHICH) (MARK (X) WHICH)
 (GROSS (X) WAGE) (NET (X) WAGE) (WAGE) (YEAR) (MONTH) (DAY) (YEAR) (STATE)
 (GROSS (X) WAGE) (NET (X) WAGE) (WAGE) (YEAR) (MONTH) (DAY) (YEAR) (STATE)

7. BUSINESS NAME (IF EMPLOYER IS UNEMPLOYED, WRITE "UNEMPLOYED")
unemployed

8. EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (STATE) (ZIP)
unemployed

9. YOUR DATE OF BIRTH (MONTH) (DAY) (YEAR) (STATE)
May 27, 1954

10. WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT) (CITY) (STATE) (ZIP)
Stanley Ann Dunham

11. IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN (MARK (X) WHICH) (MARK (X) WHICH)
 YES (X) NO (X) DON'T KNOW ()
 ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT (ACCOUNT NUMBER)

12. EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (STATE) (ZIP)
unemployed

FORM NO. 5 THE BUREAU OF INTERNAL REVENUE SERVICE (Revised 7-60) 10-10225-9

DO NOT WRITE IN THIS SPACE