




SOCIAL SECURITY

CERTIFICATION

Pursuant to the provisions of Title 42, United States Code, Section 3505, and the authority vested in me by 45 F.R. 47245-46, I hereby certify that I have legal custody of certain records, documents, and other information established and maintained by the Social Security Administration, pursuant to Title 42, United States Code, Section 405, and that the annexed are true and complete copies of certain of such documents in my custody as aforesaid.

I also certify that the annexed computer printouts showing the names, Social Security Number 084-54-5926 and the dates the information was recorded are true and complete copies of such documents in my custody.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of the Social Security Administration to be affixed this 2nd day of February, 2012.



Georgiana Wilson-Johnson

Georgiana Wilson-Johnson
Deputy Director
Division of Earnings Record Operations
Office of Central Operations

DO NOT WRITE IN THE ABOVE SPACE

DO 127

APPLICATION FOR A SOCIAL SECURITY NUMBER

9

See Instructions on back. **Prior to block or check blue ink or blue typewriter.**

1 (First Name) BARRINGTON (Middle Name or Initial - If none, show the) Hughes - Anthony Smith (Last Name)

2 (Date of Birth) 10-28-57 (Month) (Day) (Year)

3 (Sex) MALE (Male) (Female)

4 (Race) WHITE (White) (Negro) (Other)

5 (Mother's Full Name at her birth) Jamrica (Living or dead)

6 (Father's Full Name) [Redacted] (Living or dead)

7 (Have you ever before applied for or had a Social Security, Railroad, or Tax Account Number?) NO YES

8 (Your Mailing Address) 142 UTICA AVE. (Number and Street, Apt. No., P. O. Box, or Rural Route) (City) BROOKLYN (State) NY

9 (Today's Date) 3-18-74

10 (Telephone Number) 773-3145

11 (Sign your name here in blue ink) Barrington H. Hughes

12 (Zip Code) 11213

13 (Social Security Administration Office)

NOTICE: Whoever, with intent to falsify his or someone else's true identity, willfully furnishes or causes to be furnished false information in applying for a social security number, is subject to a fine of not more than \$1,000 or imprisonment for up to 1 year, or both.

Sign your name here in blue ink.

U.S. DEPARTMENT OF LABOR SOCIAL SECURITY ADMINISTRATION OFFICE

1 APR 1974

*** REC 2012025 130735 HF7738E0 B2CL CIPQYA6 PQA6 (F-B2C) ***

NUMI DTE:01/25/12 SSN:084-54-5926 XC: UNIT:RHYS PG:001+

ACCOUNT SSN:084-54-5926 ETC:0 RFN:74098005720 DOC:127 IDN:P
NAME NAA: BARRINGTON, HUGH ANTHONY, SMITH
BIRTH DOB:10/28/1959 PLB: KINGSTON, JM FCI:* SEX:M ETB:2
PARENT

INTERNAL FMC:1 CYD:04/18/1974

DO YOU HAVE YOUR CARD? YES NO (If "NO," ENTER YOUR NUMBER, IF KNOWN, IN UPPER RIGHT CORNER AND COMPLETE ITEM 10.)

10 WHERE AND WHEN DID YOU GET YOUR FIRST CARD? (City) (State) (Zip Code) (Year)
NEW YORK NEW YORK 1972

11 YOUR MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, or Rural Route)
1ST RADIO BN, KANEHE BAY, HAWAII, 96704

12 TODAY'S DATE
April 9, 1980

13 TELEPHONE NO.
257-2725

14 SIGN YOUR NAME HERE (Do Not Print)
Barr Malik Shabaz

NOTICE: Whoever, with intent to falsify his or someone else's true identity, willfully furnishes or causes to be furnished false information in applying for a social security number, is subject to a fine of not more than \$1,000 or imprisonment for up to 1 year, or both.

FORM OAAI-703 (1-74) U.S. GOVERNMENT PRINTING OFFICE: 1974 O-251-703

DO 990

SOCIAL SECURITY NUMBER

084-54-5926

Department of Health, Education, and Welfare - Social Security Administration
REQUEST FOR CHANGE IN SOCIAL SECURITY RECORDS
Print in dark ink or use typewriter.
Indemnities on Back Before Filing in Form.

IF REQUESTING NAME CHANGE
SHOW NEW NAME HERE EXACTLY
AS YOU WILL USE IT AT WORK

IF NEW NAME
BARI

IF LAST NAME
MALIK

IF FIRST NAME
HUGH

IF LAST NAME
SMITH

IF LAST NAME
SHABAZZ

YOUR NAME AS
SHOWN ON YOUR
LAST CARD

BARRINGTON HUGH

SMITH

BIRTH DATE PREVIOUSLY REPORTED (If different from item 2)

DATE OF BIRTH

October 28 1959

4

PLACE OF BIRTH

JAMAICA, WEST INDIES

8

MOTHER'S FULL NAME AT HER BIRTH (For maiden name)

[REDACTED]

10

DO YOU HAVE YOUR SOCIAL SECURITY CARD?

YES [] NO [X]

WHERE AND WHEN DID YOU GET YOUR FIRST CARD?

NEW YORK 1972

YOUR MAILING ADDRESS

1ST RADIO BN, KANEDHE BAY, HAWAII, 96744

YOUR BIRTH DATE

April 9, 1980

YOUR TELEPHONE NO.

257-2725

YOUR MAILING ADDRESS

BARI MALIK SHABAZZ

GROUP ISSUE

MALE [X] FEMALE []

FORM OAAJ-7005 (1-76)

completed application to nearest SOCIAL SECURITY OFFICE

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SECURITY ADMINISTRATION
Social Security Card

Form Approved
GSA No. 5010-104

SSN: 084-54-5926 ETC: 2 RFN: 80119748253 DOC: 990 IDN: D

ACCOUNT
NAME
BIRTH
PARENT
INTERNAL

NAA: BARI, MALIK, SHABAZZ
NL2: BARRINGTON, HUGH, SMITH
DOB: 10/28/1959 PLB: JM FCI: * SEX: M ETB: 0



FMC: 2 CYD: 05/01/1980

SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved
OMB No. 0501-0016

INSTRUCTIONS

- Please read "How To Complete This Form" on page 2.
- Print or type using black or blue ink. **DO NOT USE PENCIL.**
- After you complete this form, take or mail it along with the required documents to your nearest Social Security office.
- If you are completing this form for someone else, answer the questions as they apply to that person. Then, sign your name in question 16.

1 NAME
To Be Shown On Card

FIRST: Bari FULL MIDDLE NAME: Malik LAST: Shabazz

FULL NAME AT BIRTH IF OTHER THAN ABOVE

FIRST: _____ FULL MIDDLE NAME: _____ LAST: _____

OTHER NAMES USED

2 MAILING ADDRESS
Do Not Abbreviate

STREET ADDRESS, APT. NO., PO BOX, RURAL ROUTE NO.: 33-12-107th Street

CITY: Corona, New York STATE: NY ZIP CODE: 11368

3 CITIZENSHIP
(Check One)

U.S. Citizen Legal Alien Allowed To Work Legal Alien Not Allowed To Work Foreign Student Allowed Restricted Employment Conditionally Legalized Alien Allowed To Work Other (See Instructions On Page 2)

4 SEX

Male Female

5 RACE/ETHNIC DESCRIPTION
(Check One Only—Voluntary)

Asian, Asian-American Or Pacific Islander Hispanic Black (Not Hispanic) North American Indian Or Alaskan Native White (Not Hispanic)

6 DATE OF BIRTH 10 28 59 **7 PLACE OF BIRTH** Jamaica (West Indies)

MONTH DAY YEAR CITY STATE OR FOREIGN COUNTRY PC

8 MOTHER'S MAIDEN NAME

FIRST: _____ FULL MIDDLE NAME: _____ LAST NAME AT HER BIRTH: _____

9 FATHER'S NAME

FIRST: _____ FULL MIDDLE NAME: _____ LAST: _____

10 Has the person in item 1 ever received a Social Security number before?

Yes (If "yes", answer questions 11-13.) No (If "no", go on to question 14.) Don't Know (If "don't know", go on to question 14.)

11 Enter the Social Security number previously assigned to the person listed in item 1.

0 8 4 - 5 4 - 5 9 2 6

12 Enter the name shown on the most recent Social Security card issued for the person listed in item 1.

FIRST: Bari MIDDLE: Malik LAST: Shabazz

13 Enter any different date of birth if used on an earlier application for a card.

MONTH DAY YEAR

14 TODAY'S DATE 6 8 90 **15 DAYTIME PHONE NUMBER** (718) 899-0384

MONTH DAY YEAR AREA CODE

UNLAWFULLY FURNISHING OR CAUSING TO BE FURNISHED FALSE INFORMATION ON THIS APPLICATION IS A CRIME PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH.

16 YOUR SIGNATURE Bari M. Shabazz **17 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	150	NTI	CAN	ITV						
PBC	U	EVI	Y	EVA	Y	EVC	Y	PRA	NWR	DNR	UNIT
EVIDENCE SUBMITTED						SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW					
<u>U.S. T.P. # F1261885</u>						<u>Monter, SGT,</u>					
						DATE					
						<u>JUN 08 1990</u>					
DCL						DATE					

NUM1 DTE:01/25/12 SSN:084-54-5926 XC: UNIT:RHYS PG:002+

ACCOUNT SSN:084-54-5926 ETC:2 RFN:90164036574 DOC:150 IDN:C
NAME NAA: BARI , MALIK , SHABAZZ
BIRTH DOB:10/28/1959 PLB: WEST INDIES , JM FCI:* SEX:M ETP:2 CSP:A
PARENT [REDACTED]

INTERNAL FMC:1 CYD:06/14/1990



SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved
OMB No. 1545-0045

INSTRUCTIONS

OK

- Please read "How To Complete This Form" on page 2.
- Print or type using black or blue ink. **DO NOT USE PENCIL.**
- After you complete this form, take or mail it along with the required documents to your nearest Social Security office.
- If you are completing this form for someone else, answer the questions as they apply to that person. Then, sign your name in question 16.

1 NAME
To Be Shown On Card

FIRST: BARI FULL MIDDLE NAME: MALIK LAST: SHABAZZ

FULL NAME AT BIRTH IF OTHER THAN ABOVE
FIRST: KIRKINGTON FULL MIDDLE NAME: HUGH LAST: SMITH

OTHER NAMES USED

2 MAILING ADDRESS
Do Not Abbreviate

STREET ADDRESS, APT NO., PO BOX, RURAL ROUTE NO.: 33-12 - 107th Street

CITY: Corona STATE: New York ZIP CODE: 11368

3 CITIZENSHIP
(Check One)

U.S. Citizen Legal Alien Allowed To Work Legal Alien Not Allowed To Work Foreign Born Allowed Restricted Employment Conditionally Legalized Alien Allowed To Work Other (See Instructions On Page 2)

4 SEX

Male Female

5 RACE/ETHNIC DESCRIPTION
(Check One Only - Voluntary)

Asian, Asian-American Or Pacific Islander Hispanic Black (Not Hispanic) North American Indian Or Alaskan Native White (Not Hispanic)

6 DATE OF BIRTH 10 28 59 MONTH DAY YEAR

7 PLACE OF BIRTH KINGSTON JAMAICA CITY STATE OR FOREIGN COUNTRY Office Use Only

8 MOTHER'S MAIDEN NAME FIRST: [REDACTED] FULL MIDDLE NAME: [REDACTED] LAST: [REDACTED]

9 FATHER'S NAME FIRST: [REDACTED] FULL MIDDLE NAME: [REDACTED] LAST: [REDACTED]

10 Has the person in item 1 ever received a Social Security number before?

Yes (If "yes", answer questions 11-13.) No (If "no", go on to question 14.) Don't Know (If "don't know", go on to question 14.)

11 Enter the Social Security number previously assigned to the person listed in item 1.

084-54-5926

12 Enter the name shown on the most recent Social Security card issued for the person listed in item 1.

FIRST: BARI FULL MIDDLE NAME: MALIK LAST: SHABAZZ

13 Enter any different date of birth if used on an earlier application for a card.

MONTH DAY YEAR

14 TODAY'S DATE 3 17 92 MONTH DAY YEAR

15 DAYTIME PHONE NUMBER (018) 899-0384 AREA CODE

16 YOUR SIGNATURE Bari M. Shabazz

17 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
N	Y	N	Y	
EVIDENCE SUBMITTED				
U.S. PASSPORT # F1287888				
SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW				
<u>G. Pradost</u>				
DATE				
<u>3/19/92</u>				
DATE				
<u>CK</u>				

ACCOUNT NAME

SSN:084-54-5926 ETC:2 RFN:92084517695 DOC:100 IDN:C

NAA: BARI , MALIK , SHARAZZ

NL2: BARRINGTON , HUGH , SMITH

BIRTH PARENT

DOB:10/28/1959 PLB: KINGSTON , JM FCI:* SEX:M ETB:2 CSP:A

INTERNAL

CYD:03/24/1992



SOCIAL SECURITY

Refer to: S2RB1P41

TAG:

Date:

Paula Hoehn

RE: Bari M. Shabazz
SSN: 084-54-5926

Dear Ms. Hoehn:

In response to your request, for information under the Freedom of Information Act, the items(s) checked below apply:

- I am enclosing a copy of the original application for a Social Security number for the above individual(s), as requested.
- I am enclosing a copy of the Form OAC-790 for the above individual(s). **This is the only document available.** An individual complete this form when he or she filed a claim for benefits and usually this form contains the same information as the Form SS-5.
- I am enclosing a copy of the Form OAD-840 for the above individual(s). **This is the only document available.** An individual complete this form when he or she filed a claim for benefits and usually this form contains the same information as the Form SS-5.
- I am enclosing a copy of the Form IRS-3227 for the above individual(s). An individual used this Internal Revenue Service form for a Social Security number.
- application for a Social Security number shows the account number , which is her husband's number. Her correct Social Security number is . She never had a Social Security number before she filed a claim for benefits under her husband's Social Security number.

The Social Security number, which you gave us, does not belong to this individual. The correct number for this individual is shown above.

Enclosed is a computer-prepared statement, called a Numident printout, which you requested. This contains the personal identifying information given on application for a Social Security number (SS-5).

For your convenience, we also have enclosed an explanation of the information provided on the Numident printout.

We have deleted the name of the parent(s). Our current policy does not allow us to release the parent name(s) without proof of death.

Unless we have acceptable proof of death, we do not disclose to the public personal information from our records about living individuals unless disclosure would serve the public interest to a degree that outweighs the individual's right to privacy. The only public interest we can consider is whether the information would shed light on the agency's performance of its duties. I have not found that release of this information would significantly enhance public understanding. Therefore, I have decided that disclosure of this information would be a clearly unwarranted invasion of personal privacy, and that the Freedom of Information Act (5 U.S.C. § 552(b) (6)) does not require disclosure.

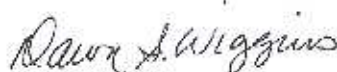
If you can provide proof of death, such as a death certificate or obituary for the parents, and if there is enough information available to us to determine that the proof of death refers to the same individuals shown on this document, we can disclose this information. Please send additional proof of death to:

SSA, OEO, DERO, FOIA
P.O. Box 33022
Baltimore, Maryland 21290-3022

If you disagree with this decision, you may request a review. Mail your appeal within 30 days after you receive this letter to the Executive Director for the Office of Privacy and Disclosure, Social Security Administration, 6401 Security Boulevard, Baltimore, Maryland 21235. Mark the envelope "Freedom of Information Appeal."

Thank you for your payment to cover the cost of searching our records.

Sincerely,



Dawn S. Wiggins
Freedom of Information Officer

Enclosure

The Numident Printout is an official record of the information we have in our records. You presented some of this information when you applied for a Social Security card. Only coded items, which contain information, will appear on the record. If there is no information on our records for a particular item, the item will not be shown.

Some information is used for internal record keeping and has no effect on your records. Following are coded items used for internal use only.

MSG, DTE, NUMI, XC, ID, UN, PG

Explanation for the coded items is as follows:

Coded Item	Explanation
SSN	Social Security Number.
ETC	Entry Code-Internal indication of type of record on file.
RFN	Reference Number-Internal File Number.
DOC	District Office Code-Office where application was processed.
IDN	Identification Code-Internal code indicating type of evidence provided.
NAA	Name on Social Security card.
NL2	Other name used.
NL3	Other name used.
DOB	Date of Birth-2 position month, 2-position day, 4-position year.
PDB	Prior Date of Birth-Date of birth previously reported to Social Security Administration (SSA).
PLB	Place of Birth-City and State, or foreign country.
FCI	Foreign Country Place of Birth Indicator-Always an asterisk (*) if present.
SEX	F=Female, M=Male, U=Unknown (not on our records).
ETB	Race/Ethnic Code.
CSP	Citizenship Code.
MNA	Mother's Name at Birth.
FNA	Father's Name at Birth.
CYD	Date record established on SSA's Internal files.

If you have any questions about the Numident printout, contact your local Social Security office.