

RETURN COMPLETE APPLICATION  
TO 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

**[ 539-30-1493 ]**  
DO NOT WRITE IN THESE SPACES

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

1. YOUR NAME (YOU MAY PRINT YOUR FIRST NAME, LAST NAME, AND MIDDLE NAME, IF YOU USE AN ALIAS OR NICKNAME, PRINT THAT FIRST.)  
EMPLOYER OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED  
**Shirley Jean Applebee**

2. MAILING ADDRESS (NO. AND ST. P. O. BOX, OR RFD) (CITY) (ZONE) (STATE)  
**702 Maple St. Applebee Wash**

3. PRINT FULL NAME GIVEN YOU AT BIRTH  
**Shirley Jean Applebee**

4. AGE ON LAST BIRTHDAY (DATE OF BIRTH (MONTH) (DAY) (YEAR))  
**25 NOV 11 42**

5. FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD  
**Stella Applebee Gordon**

6. MOTHER'S FULL NAME BEFORE MARRIAGE, REGARDLESS OF WHETHER LIVING OR DEAD  
**Stella Applebee Gordon**

7. HUSBAND'S FULL NAME BEFORE MARRIAGE, REGARDLESS OF WHETHER LIVING OR DEAD  
**Tomaxit Wash**

8. HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? (MARK (X) WHICH) (IF OTHER, SPECIFY)  
**YES**

9. BUSINESS NAME OF EMPLOYER, IF UNEMPLOYED, WRITE "UNEMPLOYED"  
**Applebee**

10. EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (ZONE) (STATE)  
**Applebee**

11. IF ANSWER IS "YES", PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN  
**Wash**

12. ALSO PRINT YOUR ACCIDENT NUMBER IF YOU KNOW IT  
**Applebee**

13. YOUR DATE OF BIRTH  
**11/11/42**

14. SIGN YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)  
**Shirley Applebee**

OFFICE USE - TREASURY DEPARTMENT INTERNAL REVENUE SERVICE (Rev. 7-65)