

ID: CN: DO:
APPLICATION FOR A SOCIAL SECURITY NUMBER

DO NOT WRITE IN THE ABOVE SPACE

See Instructions on Back. Print in Black or Dark Blue Ink or Use Typewriter.

Form Approved OMB No. 72-R0571. No social security number may be issued unless this form is completed (26 CFR, Part 31.6011(b)-2)

1	Print FULL NAME YOU WILL USE IN WORK OR BUSINESS (First Name) (Middle Name or Initial—if none, draw line) (Last Name)	
2	Print FULL NAME GIVEN YOU AT BIRTH	
3	PLACE OF BIRTH (City) (County if known) (State)	6 YOUR DATE OF BIRTH (Month) (Day) (Year)
4	MOTHER'S FULL NAME AT HER BIRTH (Her maiden name)	7 YOUR PRESENT AGE (Age on last birthday)
5	FATHER'S FULL NAME (Regardless of whether living or dead)	8 YOUR SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
10	HAVE YOU EVER BEFORE APPLIED FOR OR HAD A UNITED STATES SOCIAL SECURITY, RAILROAD, OR TAX ACCOUNT NUMBER? NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> YES <input type="checkbox"/> (If "Yes" Print State in which you applied and Date you applied and Social Security Number if known)	
11	YOUR MAILING ADDRESS (Number and Street, Apt. No., P O Box, or Rural Route) (City) (State) (Zip Code)	
12	TODAY'S DATE	9 YOUR COLOR OR RACE WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER <input type="checkbox"/>
13	TELEPHONE NUMBER	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 (Do Not Print)

DHEW, Social Security Administration
 Form SS-5 (1-76)

RESCREEN ASSIGN DUP ISSUED Return completed application to nearest SOCIAL SECURITY ADMINISTRATION OFFICE

FOR BUREAU OF DATA PROCESSING

FOR DISTRICT OFFICE USE

Information Furnished On This Form Is CONFIDENTIAL

Special Attention Should Be Given To Items Listed Below

One Number Is All You Ever Need For Social Security And Tax Purposes

Fill in this form completely and correctly. If any information is not known and is unavailable, write "unknown." Use typewriter or print legibly in dark ink.

Your social security card will be typed with the name you show in item 1. However, if you want to use the name shown in item 2, attach a signed request to this form.

If not born in the USA, enter the name of the country in which you were born.

If a stepfather, adoptive father, or foster father is shown, include the relationship after name, for example, "John H. Jones, stepfather."

If you have ever before filled out an application like this for a social security, railroad, or tax number, check "yes" even if you never received your card. If you check "yes," give the name of the State and the approximate date on which you applied. Also enter your social security number if you did receive the card and remember the number. You may find your number on an old tax return, payroll slip, or wage statement.

If you get your mail in the country, without a street address, show your R O Route, and Box number, if at the postoffice, show your P O Box No.; if there is no such way of showing your mail address, show the town or post office name. If mail under your name is not normally received at the address which you show, use an "in care of" address.

Sign your name as usually written. Do not print unless this is your usual signature. (If unable to write, make a mark witnessed by two persons who can write. The witnesses preferably should be persons who work with the applicant and both must sign this application. A parent, guardian, or custodian who completes this form on behalf of another person should sign his own name followed by his title or relationship to the applicant, for example, "John Smith, father.")

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DO NOT WRITE IN THE ABOVE SPACE

7 7 0 6 2 6 3 2 6 9 0

MARGARET A BOSSING DOB 01-07-96
 CLAIM NUMBER 043-07-1036 D PC 1 DDC A91 B252

1 FIRST FULL NAME (Last Name) MARGARET A. BOSSING
 (If not shown above)

2 FIRST FULL NAME OF PERSON KNOWN ABOVE MARGARET A. GOTTSCHAM
 (City) (State)

3 PERSON'S PLACE OF BIRTH DRESDEN - GERMANY
 (City) (State)

4 MOTHER'S FULL NAME AT HER BIRTH (Her maiden name, regardless of whether living or dead) MARIE AUGUSTE BECKERT
 (City) (State)

5 FATHER'S FULL NAME (Regardless of whether living or dead) FERDINAND GOTTSCHAM
 (City) (State)

6 PERSON'S DATE OF BIRTH JAN 7 1896
 (Month) (Day) (Year)

7 PERSON'S PRESENT AGE (Age on last birthday) 81

8 PERSON'S SEX MALE FEMALE

9 PERSON'S COLOR OR RACE WHITE NEGRO OTHER

10 HAS THIS PERSON EVER BEFORE APPLIED FOR OR HAD HIS/HER SOCIAL SECURITY NUMBER NO YES
 (If YES, enter number here (shown on card): ENTER YEAR AND THE STATE) — —

11 TODAY'S DATE FEB 14 1971
 (Month) (Day) (Year)

12 TELEPHONE NUMBER 947-9548
 (Area) (Number)

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.

SIGNATURE (Do not print.) Margaret A. Bossing

LOWER ROCK LA
 MARGARET A BOSSING
 NORWALK CT 06851

7 7 0 7 1 2 1 0 6 4 3

ANTOINETTE DEMO DOB 05-30-90
CLAIM NUMBER 044-05-2152 D PC 1 DOC 090 D500

1	ANTOINETTE ROSIE	DEMO
2	ANTOINETTE BUGLISSA	6
3	ITALY	7
4	JULIA LAD BUGLISSA	8
5	Dominic BugLISSA	9
10		
11	3/5/77	13
12	7437388	

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Julius F Demo Son - Cor'd

JULIUS F DEMO CONS FOR ANTOINETTE DEMO
38 APPLE BLOSSOM LN DANBURY CT 06810

LILLIAN APPELBY DOB 08-18-90
CLAIM NUMBER 047-05-3039 0 PC I DOC A91 A141

DO NOT WRITE IN THE ABOVE SPACE

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1	PERSON'S NAME (IF NOT NAME, WRITE NAME OF INSURER)	LILLIAN APPELBY
2	PERSON'S ADDRESS	ELIZABETH CONNERS
3	PERSON'S CITY	NEW YORK
4	PERSON'S STATE	NEW YORK
5	PERSON'S ZIP CODE	10001
6	PERSON'S DATE OF BIRTH	08/18/90
7	PERSON'S SEX	FEMALE
8	PERSON'S COLOR OR RACE	WHITE
9	PERSON'S SOCIAL SECURITY NUMBER	13
10	PERSON'S TELEPHONE NUMBER	762-5824
11	PERSON'S OCCUPATION	DAUGHTER

LILLIAN APPELBY
WILTON CT 06897