

# Social Security Number Record Request for Extract or Photocopy

Refer to: S2RB1P

**INSTRUCTIONS: Print or type all data. Sign in ink. Allow 4 to 6 weeks for a reply.**

I HEREBY REQUEST AN EXTRACT OR PHOTOCOPY OF MY APPLICATION(S) FOR A SOCIAL SECURITY NUMBER. TO ESTABLISH MY IDENTITY AND TO VERIFY MY SOCIAL SECURITY NUMBER, I AM FURNISHING MY FULL IDENTIFYING INFORMATION, AS FOLLOWS:

SOCIAL SECURITY NUMBER <i>(if known)</i>		FULL NAME USED	
NAME SHOWN ON LAST SOCIAL SECURITY CARD <i>(if different from full name now used)</i>			
FULL NAME AT BIRTH			
DATE OF BIRTH <i>(month, day, year)</i>			
PLACE OF BIRTH <i>(city, county, and state or foreign country)</i>		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
FULL MAIDEN NAME OF MOTHER <i>(whether living or deceased)</i>			
FULL NAME OF FATHER <i>(whether living or deceased)</i>			

**PENALTY STATEMENT**(read before signing) I am the person to whom this record pertains and I understand that to knowingly and willfully petition or acquire information from a person's Social Security record under false pretenses is a criminal offense subject to a \$5,000 fine.

SIGNATURE <i>(do not print unless this is your usual signature)</i>		DATE
STREET ADDRESS	CITY, STATE, AND ZIP CODE	

NOTE: A printed signature or a signature by mark (X) must be witnessed below by two adults.

(1) SIGNATURE	(2) SIGNATURE
STREET ADDRESS	STREET ADDRESS
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE

Mail to: DERO Enumeration Unit  
PO Box 33000  
Baltimore, MD 21290-3000