

PLEASE SUBMIT ALL PAGES OF YOUR PRINTOUT.

Social Security Number Record Request for Extract or Photocopy

Mail to: OCRO, EEU
P. O. BOX 37
BALTIMORE, MD 21235

OR CONTACT YOUR LOCAL-SS OFFICE AND ASK FOR A COMPUTER PRINTOUT OF THE INFORMATION YOU GAVE WHEN YOU APPLIED FOR YOUR SOCIAL SECURITY NUMBER.

Refer to: SPPE-1

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

PENALTY STATEMENT (read before signing)

Deliberately furnishing or causing to be furnished false information on this form is punishable by fine, or imprisonment, or both under federal law.

SIGNATURE (do not print unless this is your usual signature)	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)	(2)
SIGNATURE	SIGNATURE
STREET ADDRESS	STREET ADDRESS
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE