SOCIAL SECURITY ADMINISTRATION
Dublin Federal Benefits Unit
FBU.Dublin@ssa.gov

STATEMENT OF CLAIMANT OR OTHER PERSON

Understanding that this statement is for the use of the Social Security Administration, I hereby certify the following: I or my child has been assigned a Social Security Number (SSN), which I am unable to locate. I request the Federal Benefits Unit to provide me with my Social Security Number.

(Please **LEGIBLY** complete the following identifying information in regard to the Social Security Number).

Current Name: _____
(First Name) (Middle Name) (Surname)

Full Name on most recent SSN Card _____
(First Name) (Middle Name) (Surname)

Date of Birth: _____

Place of Birth: _____

Fathers Full Name: _____

Mothers Full Name Maiden Name: _____

Full Address (Street)_____

(Town/City)_____

(County)_____(Post Code)_____

I have attached original proof of my identity with this request. ☐**YES**

I certify that I am the person to whom the record pertains (or that person's parent (if a minor) or legal guardian). I know that if I make any representation which I know is false to obtain information from Social Security records I could be punished by a fine or imprisonment or both.

Signature **(First name, middle initial, last name)** **(Write in ink)** **SIGN HERE ⇒**	**Date (Month, day, year)** **Telephone Number (+ area code)**

Return completed form to:
The Federal Benefits Unit, American Embassy, Ballsbridge, Dublin 4 Ireland

Your Social Security Number verification will be mailed to you shortly.

July 9, 2009