

**SOCIAL SECURITY ADMINISTRATION**  
**Dublin Federal Benefits Unit**  
[FBU.Dublin@ssa.gov](mailto: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**

See <http://dublin.usembassy.gov> or email us at [fbu.dublin@ssa.gov](mailto:fbu.dublin@ssa.gov) for further information

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

June 24, 2013