

SOCIAL SECURITY ADMINISTRATION
STATEMENT OF CLAIMANT OR OTHER PERSON

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that -

**I have been assigned a Social Security Number, which I am unable to locate.
 I request the Federal Benefits Unit to provide me with my Social Security Number.**

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

Full Name: _____
 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.

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