

RETURN COMPLETED APPLICATION
TO NEAREST SOCIAL SECURITY
ADMINISTRATION DISTRICT OFFICE

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

[464-64-4859]
DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM **PRINT** IN BLACK OR DARK BLUE **INK** ON ONE SIDE ONLY FOR ALL OTHERS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU DESIRE YOUR PRESENT FIRST NAME MRS. ADDIE E. STEPHENSON
EMPLOYEE, OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED
MIDDLE NAME, (IF YOU USE NO MIDDLE NAME OR INITIAL, WRITE A ZERO—)
LAST NAME

2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR R.F.D.) (CITY) (STATE) (ZIP)
JEX
JEX
3 HOME FULL NAME GIVEN YOU BY EMPLOYER
MRS. ADDIE E. STEPHENSON

4 AGE ON LAST BIRTHDAY 68
DATE OF BIRTH (MONTH) (DAY) (YEAR) JAN 12 1889
PLACE OF BIRTH (CITY) (COUNTY) (STATE) SPUR DICKENS TEX

7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD
WILLIAM CHRISTEN GERRARD
MOTHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD
MALINDA ADDIE JONES

9 (MARK (X) WHICH)
MARRIED UNMARRIED
SEX MALE FEMALE
10 (MARK (X) WHICH)
SINGLE WIDOW DIVORCED
OR WRITE BEFORE OTHER
SEX MALE FEMALE

11 HAVE YOU EVER BEING APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT INSURANCE
YES NO
(MARK (X) WHICH)
DATE DATE

12 BUSINESS NAME OF EMPLOYER, IF UNEMPLOYED, WRITE "UNEMPLOYED"
Un Employed
EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (STATE) (ZIP)

11 IF ANSWER IS "YES", PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN
DATE DATE
12 ALSO PRINT YOUR ACCOUNT NUMBER AND BALANCE IF YOU HAVE IT
ACCOUNT NUMBER 100
BALANCE 100

13 TODAY'S DATE JULY 2, 1957
SIGN YOUR NAME AS YOU WOULD SIGN IT (DO NOT PRINT)
Mrs. Addie E. Stephenson

2307