

Your Marriage License

Expires within 60 calendar
days of the day you received it.

Do not let your marriage license expire!

Read below for important information regarding the validity of your marriage license:

Please note that the marriage license clerks will not determine the date your marriage license expires for you.

When determining the date your marriage license expires, the day you receive the license is counted as “day 1” out of the 60 days it’s valid. For example, if you received your marriage license on September 1st, the last day you could use your license would be October 30th. On October 31st, the license expires and cannot be used. So in our example, September 1st is day one, September 2nd is day 2, September 3rd is day 3 and so on. October 30th is day 60, the last day the license can be used.

If your ceremony occurred after your marriage license expired, in order for your marriage to be valid you will need to return the expired license to the Lynchburg Circuit Court and obtain a new license. You will not be issued a refund and will need to pay for the new license.

Please call the Lynchburg Circuit Court at (434) 455-2620 if you have any questions.



CLERK'S OFFICE

LYNCHBURG CIRCUIT COURT

900 Court Street

Mailing Address:

P. O. Box 4

Lynchburg, Virginia 24505

Telephone 434-455-2620

Facsimile 434-847-1864

www.lyncburgva.gov/circuit-court

F. PATRICK YEATTS, JUDGE
J. FREDERICK WATSON, JUDGE

TODD SWISHER, CLERK

Marriage License Information

Please read this letter **completely before** your ceremony

Congratulations on your upcoming marriage! Outlined below is an explanation of each document you have received, as well as, general information regarding your marriage license. **Your license is valid for 60 days from the date it is issued to you.** This means your ceremony must take place within **60 days** from the day you picked it up, and the ceremony **must** take place in the Commonwealth of Virginia. **You cannot use the license you received today in another state.**

The Marriage Licenses: You have received two original marriage licenses labeled "Copy A" and "Copy B". Both copies need to be given to the officiant performing your ceremony. The officiant must complete **both** copies completely in **black ink** after your ceremony and **return both copies to the Circuit Court.** The officiant may return the marriage license in person, or by mail using the addressed envelope provided to you. If your license is incomplete or if both copies are not returned, we will contact you to have this corrected. Your officiant may be required to come to our office to return missing copies, or to complete the required documentation on your license.

Is Your Officiant Authorized?: The officiant must have obtained authority from a Virginia Circuit Court to perform weddings in the Commonwealth of Virginia. Please verify that your officiant has received this authorization prior to the wedding ceremony. The celebrant must provide the Court of Authorization, as well as the Year of Authorization on your marriage license. If your celebrant is not authorized to perform marriages, please have them contact the Circuit Court to see if they are eligible to be authorized, and the next steps they need to take. **Please note, Virginia does not recognize online ordinations.**

Certificate of Marriage: The cream colored "Certificate of Marriage" form is a commemorative certificate to be completed by your officiant on your wedding day. This is not a legal document, but simply a keepsake for your records.

Social Security Administration Application: If you want to change your last name, please visit your local social security office. Enclosed is a social security application and a list of local social security offices. Please see the enclosed application for more information.

Certified Copies of the Marriage License: In order to prove you are legally married, you may need to furnish some agencies (i.e. Social Security, DMV, insurance companies, licensure boards, military) with a certified copy of your marriage license. Usually Social Security and DMV will return your certified copy after review, but some agencies may require a certified copy for their records. If you would like to order additional copies, you can order these in person, by phone or mail. Please wait approximately two weeks after your marriage ceremony before requesting copies. Each certified copy is \$2.50 if paid by cash, check or money order and additional \$2 convenience fee if paid by Visa or Mastercard.



TODD SWISHER, CLERK

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Is Your Officiant Authorized?

Every religious and civil marriage celebrant in Virginia MUST have obtained authorization from a Virginia Circuit Court to perform wedding ceremonies in Virginia.

Three Questions You Should Ask Your Celebrant BEFORE You Get Married:

1. Has your celebrant (religious or civil) been authorized by a Circuit Court in Virginia to perform wedding ceremonies?
2. Does your celebrant know the location (county or city) of the Circuit Court that gave him / her the authority to perform wedding ceremonies?
3. Does your celebrant know the year the Circuit Court gave him/her the authority to perform wedding ceremonies?

If your celebrant answers yes to all of these questions, then your celebrant has been authorized to perform wedding ceremonies in Virginia.

However, if your celebrant answers no to any of these questions, your celebrant is not or may not be authorized to perform wedding ceremonies in Virginia. **Do not get married until either:**

- Your celebrant contacts a Virginia Circuit Court, submits the necessary paperwork and obtains a court order from a Circuit Court in Virginia authorizing him / her to perform wedding ceremonies in Virginia. See our website www.lynchburgva.gov/circuit-court on the Marriage License section for the *Out of State or VA Minister form*. If you would like to have a friend or family member who is a Virginia resident to perform your ceremony, they may complete the *One-Time or Full-Time Celebrant Application*. This must be filed with a Virginia Circuit Court in the judicial circuit where the officiant lives.
- You select another celebrant who is authorized to perform wedding ceremonies in Virginia.

If you already had your wedding performed and your celebrant was not authorized to perform wedding ceremonies in Virginia, contact the Lynchburg Circuit Court at (434) 455-2620 to discuss your options.



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J. FREDERICK WATSON, JUDGE

Marriage Celebrants

Celebrant Name	Type of Ceremony	Contact Number
Carol Tyree	Civil	(434) 546-3724
Mary Woodruff	Civil / or / Religious	(434) 907-1560
Dan Mason	Civil / or / Religious	(434) 665-4987
Belinda Chapman	Civil	(434) 509-5082
Michael Brickhill	Civil	(434) 322-4465
Halycon Morrison	Civil	(434) 942-4340
Joshua Hall	Civil	(434) 444-5085

Instructions for Authorized Marriage Celebrants

Marriage License (Legal License)

- Marriage licenses must be applied for no more than 60 days prior to the ceremony.
- The marriage license cannot be obtained after the ceremony.
- The marriage license must be issued by a Virginia Circuit Court.
- The marriage license expires 60 days after issuance.

1. Fill out the license using a **black ink** pen or marker. Type or legibly print all information.
2. Complete the following 4 sections of the license:

Section 24: Date of the marriage ceremony.

Section 25: Location of the marriage ceremony (county or city).

Section 26:

- a. **Civil:** Non-religious ceremony performed by court authorized civil celebrant (Civil celebrants must select Civil).
- b. **Religious:** Religious ceremony performed by court authorized clergy. (Religious celebrants must select Religious.)

Section 27: Signature and authorization.

- c. **Signature** of the celebrant.
- d. **Title** of the celebrant (minister, priest, celebrant, civil celebrant, etc.)
- e. **Location and year** where the celebrant as authorized by a Virginia Circuit Court to perform marriage (city of county).
- f. **Name and address** of celebrant. Please type or print legibly.
- g. Complete both original licenses.
- h. Return both licenses within **5 business days** to the Clerk of the Circuit Court that issued the license. The issuing jurisdiction can usually be found at the top of the license or in the left margin).

COPIA FOR CLERK OF COURT

MAIGHT REVEREND FOR BISHOP. PLEASE USE BLACK INK IN TYPEWRITER OR OTHER WRITING. THIS IS A STATEMENT RECORD.

COMMONWEALTH OF VIRGINIA MARRIAGE REGISTER			
CIRCUIT COURT FOR CITY OR COUNTY OF LYNCHBURG		CLERK'S NUMBER 210000000	
PARTY A (check one) <input type="checkbox"/> BRIDE <input checked="" type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE			
1. FULL NAME (first, middle, last)	2. MAIDEN SURNAME (if different from last)		
TEST	TEST		
3. SEX F	4. AGE 51	5. DATE OF BIRTH (Month, Day, Year) 01/01/1970	6. PLACE OF BIRTH (state or foreign country) VIRGINIA
7. (DO NOT WRITE IN THIS SPACE)			
8. NUMBER OF THIS MARRIAGE FIRST		9. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	
10. EDUCATION (Specify only highest grade completed) Elementary or Secondary (K-12) 12		11. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER 123 TEST DRIVE	
11a. CITY OR TOWN OF RESIDENCE: AMHERST		11b. COUNTY (if independent city, leave blank) 11c. STATE OR FOREIGN COUNTRY VIRGINIA	
12. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) FATHER OF TEST		13. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) MOTHER OF TEST	
PARTY B (check one) <input type="checkbox"/> BRIDE <input checked="" type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE			
14. FULL NAME (first, middle, last)	15. MAIDEN SURNAME (if different from last)		
TEST	TEST		
16. SEX F	17. AGE 41	18. DATE OF BIRTH (Month, Day, Year) 01/01/1980	19. PLACE OF BIRTH (state or foreign country) VIRGINIA
20. (DO NOT WRITE IN THIS SPACE)			
21. NUMBER OF THIS MARRIAGE FIRST		22. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	
23. EDUCATION (Specify only highest grade completed) Elementary or Secondary (K-12) 12		24. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER 123 TEST AVENUE	
25a. CITY OR TOWN OF RESIDENCE: BEDFORD		25b. COUNTY (if independent city, leave blank) 25c. STATE OR FOREIGN COUNTRY VIRGINIA	
26. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) TEST FATHER		27. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) TEST MOHTER	
MARRIAGE LICENSE			
27. TO ANY PERSON LICENSED TO PERFORM MARRIAGES You are hereby authorized to join the above-named persons in marriage under procedures outlined in the statutes of the Commonwealth of Virginia.			
Signature _____		Date Issued 01/11/2021	License Expires Sixty Days After Above Date
Clerk of Court or Deputy		Date Received by Clerk of Court from Officiant	
MARRIAGE CERTIFICATE			
28. DATE OF MARRIAGE (Month, Day, Year)	29. PLACE OF MARRIAGE (county or independent city)	30. TYPE OF CEREMONY <input type="checkbox"/> CIVIL <input type="checkbox"/> RELIGIOUS	
31. I CERTIFY TO THE FACTS OF MARRIAGE OF THE ABOVE NAMED PERSONS ON THE DATE AND AT THE PLACE SPECIFIED.			
SIGNATURE OF OFFICIANT _____		TITLE OF OFFICIANT _____	
Authorized to perform marriages by the Circuit Court for _____ Virginia, in _____ (year of authorization)			
NAME OF OFFICIANT (type or print) _____			
ADDRESS OF OFFICIANT (street or route number) _____		(city or town) _____ (state) _____	

TO OFFICIANT

Complete and sign certificates on both copies.

Return both copies within five days to Clerk of Court Issuing license.

VSS-701
Section 32.1-267
Code of Virginia

MARRIAGE CERTIFICATE		
24. DATE OF MARRIAGE (Month, Day, Year)	25. PLACE OF MARRIAGE (county or independent city)	26. TYPE OF CEREMONY CIVIL <input type="checkbox"/> RELIGIOUS <input type="checkbox"/>
27. I CERTIFY THAT I JOINED THE ABOVE-NAMED PERSONS IN MARRIAGE ON THE DATE AND AT THE PLACE SPECIFIED.		
SIGNATURE OF OFFICIANT _____		TITLE OF OFFICIANT _____
Authorized to perform marriages by the Circuit Court for _____ Virginia, in _____ (year of authorization)		
NAME OF OFFICIANT (type or print) _____		
ADDRESS OF OFFICIANT (street or route number) _____		(city or town) _____ (state) _____



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TODD SWISHER, CLERK

Social Security and DMV Office Locations

Lynchburg Social Security Office
7618 Timberlake Road
Lynchburg VA 24502
(866) 964-6142

Amherst Social Security Office
224 Second St.
Amherst VA 24521
(434) 946-9330

Roanoke Social Security Office
612 S. Jefferson St. # 100
Roanoke VA 24011
(866) 701-8179

Farmville Social Security Office
324 Commerce Road
Farmville VA 23901
(866) 269-4346

Charlottesville Social Security Office
1470 Pantops Mountain Place
Charlottesville VA 22911
(866) 613-3959

Lynchburg DMV
3236 Odd Fellows Road
Lynchburg VA 24501

Bedford DMV
1128 E. Lynchburg Salem Tpke, Ste. 950
Bedford VA 24523

Amherst DMV
200 Richmond Hwy. #101
Amherst VA 24521

Roanoke DMV
5220 Valleepark Drive
Roanoke VA 24019

Farmville DMV
300 N. Virginia St.
Farmville VA 23901

Charlottesville DMV
2055 Abbey Road
Charlottesville VA 22911

Appomattox DMV
175 Court St.
Appomattox VA 24522

DMV Customer Service Line
(804) 497-7100

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You **MUST** provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We **CANNOT** accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.
5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.
- 9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you MUST show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card 7 to 14 days from now.
17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT
Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from assigning you a Social Security number (SSN) and issuing you a new or replacement Social Security card.

We will use the information to assign you an SSN and issue you a new or replacement Social Security card. We may also share your information for the following purposes, called routine uses:

- To Federal, State, and local entities to assist them with administering income maintenance and health maintenance programs, when a Federal statute authorizes them to use the SSN; and,
- To the Department of State for administering the Social Security Act in foreign countries through its facilities and services.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of Social Security Number (SSN) Holders and SSN Applications, as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. *Send only comments relating to our time estimate to this address, not the completed form.***

Application for a Social Security Card

1	NAME TO BE SHOWN ON CARD	First	Full Middle Name	Last								
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last								
	OTHER NAMES USED											
2	Social Security number previously assigned to the person listed in item 1	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>										
3	PLACE OF BIRTH (Do Not Abbreviate)	City	State or Foreign Country	Office Use Only	4	DATE OF BIRTH	MM/DD/YYYY					
5	CITIZENSHIP (Check One)	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)										
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian								
8	SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female										
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH	First	Full Middle Name	Last								
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>										
10	A. PARENT/ FATHER'S NAME	First	Full Middle Name	Last								
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>										
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)											
12	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last								
13	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY								
14	TODAY'S DATE	MM/DD/YYYY		15	DAYTIME PHONE NUMBER							
				Area Code		Number						
16	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No.			City							
					State/Foreign Country		ZIP Code					
17	YOUR SIGNATURE			18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:							
						<input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____						

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)									
NPN			DOC		NTI		CAN		ITV
PBC	EVI	EVA	EVC	PRA	NWR	DNR	UNIT		
EVIDENCE SUBMITTED					SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW				
					DATE				
					DCL		DATE		