

REQUEST FOR CHANGE IN SOCIAL SECURITY RECORDS**1**

SS NUMBER

2

DO YOU HAVE YOUR CARD?

 IF YES, ATTACH CARD ON BACK OF THIS FORM. NO**3**

PRINT NEW NAME HERE EXACTLY AS YOU WILL USE IT AT WORK:

7

MOTHER'S FULL NAME (MAIDEN):

9

CHANGE DATE OF BIRTH TO:

(MONTH)____ (DAY)____ (YEAR)____

(FIRST) _____*(MIDDLE)* _____*(LAST)* _____**10**

DATE OF BIRTH PREVIOUSLY SUBMITTED:

(MONTH)____ (DAY)____ (YEAR)____

11

REASON FOR CHANGE IN DATE OF BIRTH:

4

PRINT YOUR NAME AS SHOWN ON YOUR LAST CARD:

8

FATHER'S FULL NAME:

12

PROOF SUBMITTED TO CHANGE DATE OF BIRTH: _____

(FIRST) _____*(MIDDLE)* _____*(LAST)* _____**13**

PLACE OF BIRTH:

14SEX: M F**15**

WHERE AND WHEN DID YOU GET YOUR FIRST CARD:

STATE _____ YEAR _____

5

REASON FOR NAME CHANGE:

16SIGNATURE (Do not print)(If changing name, sign new name)

_____**6**PRESENT MAILING ADDRESS:

_____**17**

TODAY'S DATE _____