

Reminders for Newborn first time SSN applications:

Block 1

The name to be shown on card must match the name on the child's ID (passport).

*If any other names are used (e.g. Japanese last name), please write it in the "OTHER NAMES USED" section.

Block 5

VOLUNTARY.

If filling in, please check ONE block ONLY

Block 6

Please be sure to fill in date of birth

Block 7

Place of birth must match the place of birth on the birth certificate (or the Consular Report of Birth Abroad).

Block 8

Please write the mother's MAIDEN name (name at birth).

Block 8B & 9B

If you have a Social Security Number, please fill it in. Otherwise leave it blank.

DO NOT write your ITIN Number (ITIN numbers are nine digit numbers that begin with the number 9).

Block 10

Please check "No."

Block 14

Please date it.

Block 15

Please provide a local Japanese (commercial) contact number.

If not available, please provide a DSN or U.S. number.

Block 16

The signing parent's signature must match the signature on his/her ID

Block 17

Check "Natural of Adoptive Parent" unless you have been granted custody (e.g. court order) of the child as the child's legal guardian.

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD →	First <u>NOZOMI</u>	Full Middle Name <u>ELIZABETH</u>	Last <u>DEPP</u>
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED	<u>NOZOMI</u>		<u>OHNISHI</u>
2	MAILING ADDRESS Do Not Abbreviate →	Street Address, Apt. No., PO Box, Rural Route No. <u>1-10-5 AKASAKA, MINATO-KU</u>		
		City <u>TOKYO</u>	State <u>JAPAN</u>	ZIP Code <u>123 - 4567</u>
3	CITIZENSHIP (Check One) →	<input checked="" 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 2)
		<input type="checkbox"/> Other (See Instructions On Page 2)		
4	SEX →	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	
5	RACE/ETHNIC DESCRIPTION (Check One Only - Voluntary) →	<input type="checkbox"/> Asian, Asian-American or Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black (Not Hispanic)
		<input type="checkbox"/> North American Indian or Alaskan Native	<input type="checkbox"/> White (Not Hispanic)	
6	DATE OF BIRTH Month, Day, Year	<u>11, 04, 2009</u>	7	PLACE OF BIRTH (Do Not Abbreviate) City
				<u>YOKOSUKA</u>
				State or Foreign Country
				<u>JA</u>
				Office Use Only
				<u>FCI</u>
8	A. MOTHER'S NAME AT HER BIRTH →	First <u>HIKARI</u>	Full Middle Name	Last Name At Her Birth <u>OHNISHI</u>
	B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 8B on Page 2) →	_____ - _____ - _____		
9	A. FATHER'S NAME →	First <u>JOHN</u>	Full Middle Name <u>KODAMA</u>	Last <u>DEPP</u>
	B. FATHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 2) →	<u>1 2 3 - 4 5 - 6 7 8 9</u>		
10	Has the applicant 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 11-13.) <input checked="" type="checkbox"/> No (If "no," go on to question 14.) <input type="checkbox"/> Don't Know (If "don't know," go on to question 14.)			
11	Enter the Social Security number previously assigned to the person listed in item 1. →		_____ - _____ - _____	
12	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. →	First	Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card. →		_____	
			Month, Day, Year	
14	TODAY'S DATE Month, Day, Year	<u>12, 04, 2009</u>	15	DAYTIME PHONE NUMBER Area Code Number
				<u>(012) 345 - 6789</u>
I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.				
16	YOUR SIGNATURE ↓ <u>John Kodama Depp</u>		17	
			YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:	
			<input type="checkbox"/> Self <input checked="" 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	

			DATE	