

SOCIAL SECURITY ADMINISTRATION この書類はサンプルです。ご使用にはなりません。
Application for a Social Security Card 該当するものが無い場合はNAと書き込む

1	NAME TO BE SHOWN ON CARD 申請者氏名	First 名前	Full Middle Name ミドルネーム	Last 苗字
	FULL NAME IF OTHER THAN 別の名前だった場合	First 名前	Full Middle Name ミドルネーム	Last 苗字
	OTHER NAMES USED 上記以外の名前			
2	MAILING ADDRESS Do Not Abbreviate 住所	Street Address, Apt. No., PO Box, Rural Route No.		
		City	State	Zip Code
3	CITIZENSHIP (Check One) ステータス	<input type="checkbox"/> U.S. Citizen アメリカ市民	<input type="checkbox"/> U.S. Citizen with Alien Registration Certificate 就労許可を持つ 合法外国人	<input type="checkbox"/> Other (See Instructions on Page 1) その他
4	SEX 性別	<input type="checkbox"/> Male 男	<input type="checkbox"/> Female 女	
5	RACE/ETHNIC DESCRIPTION (Check One Only - Voluntary) 民族	<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 誕生日 Month, Day, Year	7	PLACE OF BIRTH 出生地 (Do Not Abbreviate) City 都市	State or Foreign Country 国 FCI
8	A. MOTHER'S MAIDEN NAME 母親の旧姓名	First	Full Middle Name	Last Name At Her Birth
	B. MOTHER'S SOCIAL SECURITY NUMBER 母親のSS番号	[] [] [] - [] [] - [] [] [] []		
9	A. FATHER'S NAME 父親の氏名	First	Full Middle Name	Last
	B. FATHER'S SOCIAL SECURITY NUMBER 父親のSS番号	[] [] [] - [] [] - [] [] [] []		
10	Has the applicant or anyone acting on his/her behalf ever filed for or received a Social Security number card before? 今までにSS番号を申請、もしくは取得したことがありますか? <input type="checkbox"/> Yes (If "yes", answer questions 11-13.) <input 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. 前に持っていたSS番号	[] [] [] [] [] [] [] [] [] []		
12	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. 前に持っていたSS番号に使われていた氏名	First	Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card. 上記以外の誕生日を使用している場合は書き込め	Month, Day, Year		
14	TODAY'S DATE 今日の日付 Month, Day, Year	15	DAYTIME PHONE NUMBER Area Code Number 電話番号	
16	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. YOUR SIGNATURE 署名	17	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	
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)				
ここから下は必要無し				
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
			DATE	
			DATE	