

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

484-28-3265
DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1. PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED.		FIRST NAME SUZANNE	MIDDLE NAME (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE ---) FLO	LAST NAME JONES
2. MAILING ADDRESS (NO. & ST., P. O. BOX, OR RFD)		(CITY) Des Moines	(ZONE) 2001A	(STATE) IOWA
3. PRINT FULL NAME GIVEN YOU AT BIRTH	SUZANNE Florence NEMON			
4. AGE ON 1ST BIRTHDAY 49	5. DATE OF BIRTH (MONTH) (DAY) (YEAR) Sept 6, 1896	6. PLACE OF BIRTH (CITY) Paris	(COUNTY) FRANCIS	(STATE)
7. FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD August NEMON		8. MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD Adeline NEMON Bush		
9. (MARK (X) WHICH) SEX: MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	10. COLOR OR RACE (MARK (X) WHICH) (IF OTHER, SPECIFY) WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> OTHER <input type="checkbox"/>	11. HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? (MARK (X) WHICH) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DON'T KNOW <input type="checkbox"/>		
12. BUSINESS NAME OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED"		IF ANSWER IS "YES", PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN		
EMPLOYER'S ADDRESS (NUMBER AND STREET) (CITY) (ZONE) (STATE)		ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT		
13. TODAY'S DATE 5-10-46		14. WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT) Suzanne F. Jones		

DO NOT WRITE IN THIS SPACE