

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

[545-30-9932]

ALL ITEMS MUST BE FILLED IN. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN." PLEASE PRINT OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE.

1. Atta Maria Benton 53  
FIRST NAME MIDDLE NAME (IF YOU HAVE NO MIDDLE NAME OR INITIAL, DRAW A LINE) LAST NAME

2. 1035 1/2 S. Ogden Dr. Los Angeles, Calif. Atta Maria Gibson  
PRESENT MAILING ADDRESS (STREET AND NUMBER) (CITY) (STATE) ENTER FULL NAME GIVEN YOURSELF IF DIFFERENT FROM ITEM 1

4. 42- 5. Oct. 1 1900 6. Reachdale Ind.  
AGE AT LAST BIRTHDAY DATE OF BIRTH (MONTH) (DAY) (YEAR) PLACE OF BIRTH (CITY) (COUNTY) (STATE)

7. Charles W. Gibson 8. Margaret Thomas  
FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD

9. SEX  MALE  FEMALE 10. RACE  WHITE  NEGRO  OTHER (SPECIFY)  
11. HAVE YOU EVER BEFORE APPLIED FOR: (CHECK (X) WHICH)  
(A) SOCIAL SECURITY ACCOUNT NUMBER  YES  NO  
(B) RAILROAD RETIREMENT NUMBER  YES  NO  
IF ANSWER IS "YES," ENTER PLACE AND DATE OF ORIGINAL APPLICATION

12. Unemployed  
BUSINESS NAME AND ADDRESS OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED") (STREET AND NUMBER) (CITY) (STATE)

13. Nov. 27 1942 14. Atta M. Benton  
DATE SIGNED WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)

RETURN COMPLETED APPLICATION TO, OR SECURE INFORMATION ON HOW TO FILL IN APPLICATION FROM, NEAREST SOCIAL SECURITY BOARD FIELD OFFICE. THE ADDRESS CAN BE OBTAINED FROM LOCAL POST OFFICE.

DO NOT WRITE IN THIS SPACE