

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

[039-14-8224]

DO NOT WRITE IN THE ABOVE SPACE

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

1. Clare Margarethe Fraser  
FIRST NAME MIDDLE NAME (IF YOU USE NO MIDDLE NAME OR INITIAL DRAW A LINE) LAST NAME  
SHOW NAME YOU GAVE YOUR PRESENT EMPLOYER, OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED.

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2. 64 Governor St. Providence, R.I. 3. Clare Margarethe Fraser  
PRESENT MAILING ADDRESS (NUMBER AND STREET) (CITY) (STATE) ENTER FULL NAME GIVEN YOU AT BIRTH

4. 17 5. April 17, 1926 6. New York New York N.Y.  
AGE AT LAST BIRTHDAY DATE OF BIRTH (MONTH) (DAY) (YEAR) PLACE OF BIRTH (CITY) (COUNTY) (STATE)

7. Theodore Howard Fraser 8. Ruth Britton  
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. OR RACE:  WHITE  NEGRO OTHER \_\_\_\_\_ (SPECIFY)

11. HAVE YOU EVER BEFORE APPLIED FOR OR HAD (MARK (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 EMPLOYED, WRITE "UNEMPLOYED" (NUMBER AND STREET) (CITY) (STATE)

13. May 24, 1943 u. Clare Margarethe Fraser  
DATE OF BIRTH WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT) IN BLACK OR DARK BLUE INK

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

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