

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

039-14-6484

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." PLEASE PRINT OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE

1. THEODOR FIRST NAME      FRASER LAST NAME  
MIDDLE NAME (IF YOU HAVE NO MIDDLE NAME OR INITIAL DRAW A LINE →)  
SHOW NAME YOU GAVE YOUR PRESENT EMPLOYER: OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED.

2. 64 GOVERNOR ST PROV R1 PRESENT MAILING ADDRESS (STREET AND NUMBER) (CITY) (STATE)  
3. THEODORE FRASER ENTER FULL NAME GIVEN YOU AT BIRTH IF DIFFERENT FROM ITEM 1

4. 54 AGE AT LAST BIRTHDAY  
5. MAY 23 1888 DATE OF BIRTH (MONTH) (DAY) (YEAR)  
6. MANCHESTER ENGLAND PLACE OF BIRTH (CITY) (COUNTY) (STATE)

7. JOHN FRASER FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD  
8. ANNIE UNKNOWN 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: (CHECK (✓) 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. KNAPP BROS BROCKTON MASS BUSINESS NAME AND ADDRESS OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED."  
70 BELLEVUE AVE BROCKTON MASS (STREET AND NUMBER) (CITY) (STATE)

13. APRIL 27-43 DATE SHINED  
14. Theodore Fraser 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.

MIN-6

DO NOT WRITE IN THESE SPACES