

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER

REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTION ACT

READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

051-18-0603

EMPLOYEE SHOULD BE FILLED IN IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN WRITE "UNKNOWN"

IS NOT KNOWN IN THE ABOVE PLACES

PLEASE PRINT WITH INK OR USE TYPEWRITER

1. ROSE SCHULDER PADGUG
WIFE'S FIRST NAME MIDDLE NAME OF YOU (HAVE NO MIDDLE NAME, DRAW A LINE) LAST NAME

2. Jacob 18 E 21 ST BROOKLYN NY
FULL NAME OF PERSON YOU WORK FOR (IF DIFFERENT FROM NAME SHOWN IN ITEM 1) WORKER'S PRESENT HOME ADDRESS (STREET AND NUMBER) CITY STATE

3. NO YES
HAVE YOU EVER RECEIVED A SOCIAL SECURITY ACCOUNT NUMBER CARD? (CHECK IF YES) WHICH AND IF ANSWER IS "YES" ENTER PLACE AND DATE OF ORIGINAL FILING AND REASON FOR FILING AGAIN

4. 41 MAR 11-1900 Y Ukraine
AGE AT LAST BIRTHDAY DATE OF BIRTH (MONTH DAY YEAR) (CHECK IF LATER VERIFICATION) PLACE OF BIRTH CITY COUNTY STATE

5. MALE WHITE W W OTHER 10. MARRIED W W W W
SEX (CHECK IF MARRIED) COLOR OF RACE (CHECK IF WHITE) (CHECK IF OTHER) 10. MARRIED (CHECK IF SINGLE) (CHECK IF DIVORCED) (CHECK IF SEPARATED)

6. NEW YORK LADIES UNDERWEAR CO 512 E WAY N.Y.C. not read
WOMEN'S NAME OF PRESENT EMPLOYER BUSINESS ADDRESS OR POST OFFICE ADDRESS (STREET AND NUMBER) CITY STATE

7. JACOB SCHULDER M. ANNIE
FATHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD) MOTHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD)

8. MAY 1922 DRESS SALARY
DATE LAST FULL TIME JOB ENDED (LAST YEAR AND MONTH) (CHECK IF RETIRED) (CHECK IF SALARY) (CHECK IF COMMISSION) (CHECK IF OTHER)

9. MAR 26 1941 Rose L. Padgug
DATE SIGNED APPLICANT'S SIGNATURE (PRINT NAME) (CHECK IF INITIAL) LAST NAME

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.