

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

[ 038-14-1459 ]  
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. MARGARET Mary HAYES  
FIRST NAME MIDDLE NAME (IF YOU HAVE 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

2. 239 Summer St Woon. R.D. 3. MARGARET MARY Sheehan  
PRESENT MAILING ADDRESS (STREET AND NUMBER) (CITY) (STATE) FULL NAME GIVEN YOU AT BIRTH IF DIFFERENT FROM ITEM 1

4. 51 5. 02 07 91 6. Brooklyn N.Y.  
AGE AT LAST BIRTHDAY DATE OF BIRTH (MONTH) (DAY) (YEAR) PLACE OF BIRTH (CITY) (COUNTY) (STATE)

7. JOHN Joseph Sheehan 8. Elizabeth Rose Kenney  
FATHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD) MOTHER'S FULL NAME BEFORE MARRIAGE (REGARDLESS OF WHETHER LIVING OR DEAD)

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

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

13. 9/25/41 14. Margaret M. Hayes  
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 DISTRICT FIELD OFFICE. THE ADDRESS CAN BE OBTAINED FROM LOCAL POST OFFICE.

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