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SOCIAL SECURITY

¿QUÉ DEBO PRESENTAR?

- Pasaporte original
- DS2019 original
- Impresion del comprobante I-94:
<http://www.cbp.gov/travel/international-visitors/i-94-instructions>
- Social Security Application
- Un juego de copias de toda esta documentación.

SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

Form Approved OASD Form 0590-0008

1. NAME (Last, first, middle initial)
Last Name First Middle Initial

2. Social Security number previously assigned to the person

3. PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country

4. DATE OF BIRTH MM/DD/YYYY

5. CITIZENSHIP (Check One)
☐ U.S. Citizen ☐ Legal Alien Allowed To Work ☐ Legal Alien Not Allowed To Work (See Instructions on Page 3)

6. ETHNICITY (Check One)
☐ Yes ☐ No ☐ Native Hawaiian ☐ American Indian ☐ Black/African American ☐ Other Pacific Islander

7. RACE (Select One or More (Your Responses to Questions 6 and 7))
☐ White ☐ Black/African American ☐ Asian ☐ Native Hawaiian ☐ American Indian ☐ Other

8. SEX ☐ Male ☐ Female

9. A. MOTHER'S NAME AT HER BIRTH Last Name First Middle Initial
B. MOTHER'S SOCIAL SECURITY NUMBER (Do Not Abbreviate) Last Name First Middle Initial

10. A. FATHER'S NAME Last Name First Middle Initial
B. FATHER'S SOCIAL SECURITY NUMBER (Do Not Abbreviate) Last Name First Middle Initial

11. Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before?
☐ Yes (If "yes" answer questions 12-14) ☐ No

12. Name known on the most recent Social Security card issued for the person (Do Not Abbreviate) Last Name First Middle Initial

13. Enter any different date of birth if used on any earlier application for a card (Do Not Abbreviate) Last Name First Middle Initial

14. TODAY'S DATE MM/DD/YYYY

15. DAYTIME PHONE NUMBER (Do Not Abbreviate) Last Name First Middle Initial

16. MAILING ADDRESS (Do Not Abbreviate) Last Name First Middle Initial