Request for Numident Printout Record

To: Social Security Administration OEO DERO (FOIA Workgroup) 300 N. Green Street P.0. Box 33022 Baltimore, MD 21290-3022

To process your request for a copy of your Numident printout, we need you to provide the following in formation:	
(fold here)	
(Alama)	(Social Security Number) (Date of Birth)
(Name)	(Social Security Number) (Date of Birth)
	ty number, please provide the following information:
Name:	Date of Birth:
Place of Birth:	Mother's Maiden Name:
Sex:	Father's Name:
In all cases, also provide the following:	
Mailing Address:	Daytime Phone Number:
person who is authorized to sign th	d not statutory "individual" to whom the false record pertains (or a nis letter on behalf of that party). I understand that any false y obtain information from Social Security records is punishable by a ar in prison.
Sincerely,	
Signature	Date
the charge is \$18.00. The applicable fee MasterCard, Visa, Discover, American Ex	ntout. If you know the SSN, the charge if \$16.00; if the SSN is not known, must accompany this request. You may pay by check, money order, or express, or Diner's Club credit card. Checks and money orders should be ration". If paying by credit card, please provide the following:
Type of Credit Card:	
Type of Credit Card: Card Holder's Name and SSN:	
Card Holder's Address:	
Amount to be charged:	
Credit Card Number:	
Month and Year of Expirat	tion: