

**ONLY SHOW INFORMATION FOR CENSUS YEARS TO BE SEARCHED**

CENSUS DATE	NUMBER AND STREET <i>(Very important)</i>	CITY, TOWN, TOWNSHIP <i>(Precinct, dist., etc.)</i>	COUNTY AND STATE	NAME OF PERSON WITH WHOM LIVING <i>(Head of household)</i>	RELATIONSHIP
APRIL 15, 1910	12A.				
JAN. 1, 1920	12B. <b>1</b>				
APRIL 1, 1930	12C.				
APRIL 1, 1940	12D.				

1. CLAIM NUMBER \_\_\_\_\_ 2. WAGE EARNER'S NAME \_\_\_\_\_

3. FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ MAIDEN NAME *(if any)* \_\_\_\_\_ PRESENT LAST NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

DO NOT USE THIS SPACE  CASE NO. \_\_\_\_\_

4. DATE OF BIRTH *(if unknown, estimate)* \_\_\_\_\_ 5. PLACE OF BIRTH *(City, County, State)* \_\_\_\_\_ 6. SEX \_\_\_\_\_

7. FULL NAME OF FATHER *(Stepfather, guardian, etc.)* \_\_\_\_\_ 8. FULL MAIDEN NAME OF MOTHER *(Stepmother, etc.)* \_\_\_\_\_ 9. ETHNICITY  
 HISPANIC OR LATINO  
 NOT HISPANIC OR LATINO

10. FULL NAME OF HUSBAND OR WIFE \_\_\_\_\_ 10A. YR. MARRIED *(Approximate)* \_\_\_\_\_ 11. FULL NAME OF HUSBAND OR WIFE \_\_\_\_\_ 11A. YR. MARRIED *(Approximate)* \_\_\_\_\_ 12. RACE *(SELECT ONE OR MORE)*  
 AMERICAN INDIAN OR ALASKA NATIVE  
 ASIAN  
 BLACK OR AFRICAN AMERICAN  
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  
 WHITE

**APPLICATION FOR SEARCH OF CENSUS RECORDS FOR PROOF OF AGE**  
*(For Social Security Purposes Only)*

TO: BUREAU OF THE CENSUS  
P. O. BOX 1545  
JEFFERSONVILLE, IN 47131  
ATTN: AGE SEARCH UNIT

Form Approved  
OMB No. 0960-0067

I authorize the Bureau of the Census to send the record to the Social Security Administration to be used by that agency only for purposes in connection with my entitlement to Social Security benefits. (ATTENTION is called to the possibility that the information shown in the census record may not agree with that given in your application. The record must be copied exactly as it appears.)

14. SIGNATURE OF APPLICANT *(Do not print)* **3** If signed by mark (X), two witnesses must sign below:

15. ADDRESS *(Number and Street, City, State, Zip Code)* \_\_\_\_\_ 15A. SIGNATURE OF WITNESS \_\_\_\_\_

15B. SIGNATURE OF WITNESS \_\_\_\_\_

DISTRICT OFFICE ADDRESS *(Number and Street, City, State, Zip Code)* \_\_\_\_\_

AUTHORIZATION OF PAYMENT FOR CENSUS SEARCH  
Please furnish census information and bill SSA, pursuant to agreement between Bureau of Census and SSA.

SIGNATURE *(District manager or authorized employee)* **4** 16A. DATE \_\_\_\_\_