

APPLICATION FOR SOCIAL SECURITY AND TAX ACCOUNT NUMBER
(Or Replacement of Last Card)

Information furnished on this form is CONFIDENTIAL

DO NOT WRITE IN THE ABOVE SPACE

Read Instructions on Back Before Filling in Form. Print in Dark Ink or Use Typewriter.

1	PRINT FULL NAME YOU USE IN WORK OR BUSINESS MICHAEL R. IC PHILLIPS
2	PRINT FULL NAME GIVEN YOU AT BIRTH MICHAEL RICHARD PHILLIPS
3	DATE OF BIRTH 10-4-46
4	PLACE OF BIRTH FRYETTEVILLE LINCOLN TENN
5	AGE ON LAST BIRTHDAY 16
6	SEX MALE
7	COLOR OR HAIR BROWN
8	MOTHER'S FULL NAME AT HER BIRTH MARY LEE PERRY
9	FATHER'S FULL NAME (Indicate if other than legal name) WILBER RAY PHILLIPS
10	HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DON'T KNOW <input type="checkbox"/>
	IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN
	11 ARE YOU NOW— EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> UNEMPLOYED <input checked="" type="checkbox"/>
12	YOUR MAILING ADDRESS GARFIELD HTS. 25 OHIO
13	TODAY'S DATE 4/24/63
14	Write YOUR NAME AS YOU USUALLY WRITE IT (Do Not Print or Type—Use Dark Ink) Michael Phillips

SENIOR CENTER 216-475-3247

GARFIELD HEIGHTS HISTORICAL SOCIETY

216-475-3050