Complete and use the button at the end to print for mailing.

SD EForm - 1072 V1

DSS-EA347-06/83

HELP

Application For Social Security Number

I hereby certify that the following individual(s) have applied on this day for a Social Security Number:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

_____
Social Security Representative

_____
Date

1. PRINT FOR MAILING

CLEAR FORM