

# APPLICATION FOR REPUBLIC OF PALAU SOCIAL SECURITY NUMBER

<b>1</b>	LEGAL NAME (Please Print)	FIRST	MIDDLE	LAST
<b>2A</b>	FULL NAME AT BIRTH	FIRST	MIDDLE	LAST
<b>2B</b>	ALSO KNOWN AS (A.K.A.)	FIRST	MIDDLE	LAST
<b>3</b>	MAILING ADDRESS IN PALAU	<b>4</b>	EMAIL	<b>5</b>
				RESIDENCE IN PALAU    HAMLET    STATE
<b>6</b>	TEL. NO IN PALAU	<b>7</b>	DATE OF BIRTH	<b>8</b>
			MONTH    DAY    YEAR	OCCUPATION
<b>9</b>	CITIZENSHIP	<b>10</b>	PLACE OF BIRTH	CITY    STATE OR FOREIGN COUNTRY
<b>11</b>	MARITAL STATUS	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	OTHER <input type="checkbox"/>
				<b>12</b>
				SEX    MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
<b>13</b>	MOTHER'S NAME AT BIRTH	FIRST	MIDDLE	MAIDEN <input type="checkbox"/> ADOPTIVE
<b>14</b>	FATHER'S NAME	FIRST	MIDDLE	LAST <input type="checkbox"/> ADOPTIVE
<b>15</b>	EMPLOYER'S NAME	<b>16</b>	SSN <input type="checkbox"/>	EIN <input type="checkbox"/>
<b>17</b>	FOR EMPLOYMENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>18</b>
				PROVISIONAL VISA PERMIT NO. <input type="checkbox"/>
				<b>19</b>
				DATE OF ISSUE
<b>20</b>	DATE OF BIRTH ON DOCUMENT	DOCUMENT TYPE	DOCUMENT NO.	DATE OF DOCUMENT    PERSONAL I.D.
<b>21</b>	APPLICANT'S SIGNATURE			<b>22</b>
				TODAY'S DATE

FOR OFFICE USE ONLY:  ASSIGN NEW NUMBER     OTHER \_\_\_\_\_

**NOTICE:** Any person who knowingly makes any false statement in applying for Social Security Number is subject to a fine of not more than \$2,000 or imprisonment up to one year or both.  
 ROPSSA 600-05 (Rev.10/14)

## INSTRUCTIONS

**REQUIREMENTS:** Palauans – birth certificate and/or passport. Others – passport and/or provisional visa and permit.

- 1** The name you provide in this field is what will be typed on your Social Security Card. If you ever change your name, notify the Social Security Administration immediately so we can provide you with a new card.
- 3** Show your box number at the Post Office in Palau.
- 5** Indicate the hamlet and state in Palau where you are currently residing. For example, "Ngerkeai, Aimeliik."
- 9** If you are a naturalized citizen, also indicate date when you were naturalized.
- 21** Sign your name as usually written. Do not print unless this is your usual signature. If unable to write, make a mark witnessed by one person who can write. The witness preferably should be the person who works with the applicant and must sign this application. A parent, guardian, or custodian who completes this form on behalf of another person should sign his own name followed by his/her title or relationship to the applicant. For example, "John Temekai, Father."

## FOR OFFICE ONLY

Received/Reviewed By:	_____.	Date:	____/____/____.
Verified/Approved By:	_____.	Date:	____/____/____.
Processed By:	_____.	Date:	____/____/____.