559-36-2770

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER

Form SS-5
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
(Revised August 1943)

REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT

READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

559-36-2770

DO NOT WRITE IN THE ABOVE SPACE

IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

FILL IN EACH ITEM; PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE.

1. TERRELL LESLIE. ROGERS 262
   FIRST NAME — MIDDLE NAME. (IF YOU USE NO MIDDLE NAME OR INITIAL DRAW A LINE——) — LAST NAME
   SHOW NAME YOU GAVE YOUR PRESENT EMPLOYER, OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED.

2. BOX 28   CHOWCHILLA CALIF.
   PRESENT MAILING ADDRESS (NUMBER AND STREET) (CITY) (STATE)

3. TERRELL LESLIE ROGERS
   ENTER FULL NAME GIVEN YOU AT BIRTH

4. SIXTEEN
   AGE AT LAST BIRTHDAY

5. OCTOBER 5 1928
   DATE OF BIRTH (MONTH) (DAY) (YEAR)

6. SPIRO LEFLORE OKLAHOMA
   PLACE OF BIRTH (CITY) (COUNTY) (STATE)

7. ANDREW EZRA ROGERS
   FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD

8. SYRENTHA WEST
   MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD

9. SEX: [X] MALE [ ] FEMALE

10. COLOR OR RACE: [X] WHITE [ ] NEGRO OTHER _____ (SPECIFY)

11. HAVE YOU EVER BEFORE APPLIED FOR OR HAD (MARK (X) WHICH)
    (A) SOCIAL SECURITY ACCOUNT NUMBER [ ] YES [X] NO
    (B) RAILROAD RETIREMENT NUMBER [ ] YES [X] NO
    IF ANSWER IS "YES," ENTER PLACE AND DATE OF ORIGINAL APPLICATION

    Box 28   Chowchilla Calif.
    (NUMBER AND STREET) (CITY) (STATE)

12. Unemployed
    BUSINESS NAME AND ADDRESS OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED."

13. MARCH 14, 1945
    TODAY'S DATE

14. Terrell Rogers
    WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT) USE BLACK OR DARK BLUE INK

RETURN COMPLETED APPLICATION TO, OR SECURE INFORMATION ON HOW TO FILL IN APPLICATION FROM, NEAREST SOCIAL SECURITY BOARD FIELD OFFICE. THE ADDRESS CAN BE OBTAINED FROM LOCAL POST OFFICE.

16—5528-3