

SOCIAL SECURITY ADMINISTRATION
STATEMENT OF CLAIMANT OR OTHER PERSON

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that -

**I have been assigned a Social Security Number, which I am unable to locate.
I request the Federal Benefits Unit to provide me with my Social Security Number.**

(Please complete the following identifying information in regard to the Social Security Number).

Full Name: _____
Full name on most recent SSN Card: (First Name) (Middle Name) (Surname)

Date of Birth: _____

Place of Birth: _____

Fathers Full Name: _____

Mothers Full Name/Maiden Name: _____

Full Address (Street) _____
(Town/City) _____
(County) _____ (Post Code) _____

I have attached original proof of my identity with this request. YES

I fully understand that there are criminal penalties for making a knowing and willful request for access to records concerning another individual under false pretenses.

<p>Signature (First name, middle initial, last name) (Write in ink)</p> <p>SIGN HERE ⇒</p>	<p>Date (Month, day, year)</p> <p>Telephone Number (+ area code) To be returned to fbu.oslo@ssa.gov Federal Benefits Unit, American Embassy, Henrik Ibsens gt 48, 0244 Oslo</p>
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