

HERE IS
YOUR
SOCIAL
SECURITY
ACCOUNT
NUMBER
CARD →

IT IS
VALUABLE
TO YOU

SHOW YOUR
CARD
TO EACH
EMPLOYER

SOCIAL SECURITY ACT	
ACCOUNT NUMBER	
495-24-7475	
HAS BEEN	ESTABLISHED FOR
CHARLES FILLMORE	
WORKER'S SIGNATURE	

495-24-7475	
(SOCIAL SECURITY ACCOUNT NUMBER)	
CHARLES FILLMORE	
RURAL ROUTE THREE	
LEE'S SUMMIT MISSOURI	
WORKER'S NAME AND HOME ADDRESS	

IF WORKER'S NAME IS CHANGED MAKE REQUEST FOR ACCOUNT NUMBER CARD BEARING NEW NAME ON FORM SSAN-7003 WHICH MAY BE SECURED FROM ANY SOCIAL SECURITY BOARD FIELD OFFICE.

BE SURE
TO READ
CAREFULLY
THE
INSTRUCTIONS
ON THE BACK
OF THE CARD

DETACH LOWER
PORTION OF
ACCOUNT
NUMBER CARD
AND KEEP IT IN
A SAFE PLACE

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER

NEW YORK STATE (SEE OTHER INSTRUCTIONS CONCERNING THIS APPLICATION) - THIS IS THE ONLY FORM TO BE FILLED IN THIS STATE

[495-24-7475]

1. **CHAS.** **FILLMORE**

2. **RR #3 LEES SUMMIT, MO** **CHARLES FILLMORE**

3. **88** **AUG** **22** **1854** **CHIPPWA RESERVATION IN** **NORTHERN MINNESOTA**

4. **HENRY GLEZEN FILLMORE** **GEORGIANA STONE**

5. **UNITE CHURCH OF CHRISTIANITY**

6. **JAN 26, 1943**

Charles S. Fillmore

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.

[This photocopy of Charles S. Fillmore's original application for a Social Security Number was obtained by David W. Jackson, Assistant Auditor, from the Social Security Administration, Sept. 1955]

FORM NO. 1
2-1-43

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER

495-24-7475

REQUIRE KNOW THE EXACT BIRTHDATE (CONSIDERATION OF)
BEFORE PRESENTING FOR THE DATA NECESSARY FILLING IN FORM

1. CHAS.

FILLMORE

2. RR #3 LEE'S SUMMIT, MO

CHARLES LILLMOKE

3. 88 AUG 22 1854

CHIPPEWA RESERVATION IN
NORTHERN MINNESOTA

4. HENRY GLEZEN FILLMORE

GEORGIANA STONE

5. YES NO
WAS SERVICE PERFORMED BY APPLICANT?

6. YES NO
DOES THIS CASE INVOLVE THE SERVICE OF A MEMBER OF THE HOUSEHOLD?

7. UNITY SCHOOL OF CHRISTIANITY

417 Tracy, Kansas City, Mo

8. JAN 26 1943

Charles Fillmore

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.

SS-500-0

FORM NO. 1
APRIL 1950 EDITION
GSA GEN. REG. NO. 27

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER

APPLICANT CHECK ONE FEDERAL EMPLOYEE CONTRIBUTION AND
READ INSTRUCTIONS ON BACK & COMPLETE FILLING IN FULL

495-24-7475

THIS FORM IS TO BE FILLED OUT BY THE APPLICANT OR BY SOMEONE WHO KNOWS HIM WELL. IT SHOULD BE FILLED OUT BY THE APPLICANT OR BY SOMEONE WHO KNOWS HIM WELL. IT SHOULD BE FILLED OUT BY THE APPLICANT OR BY SOMEONE WHO KNOWS HIM WELL.

1. CHAS. FILLMORE

2. R R #3 LEES SUMMIT, MO. CHARLES FILLMORE

3. 88 AUG 22 1854. CHIPPEWA RESERVATION IN
NORTHERN MINNESOTA

4. HENRY GLEZEN FILLMORE GEORGIANA STONE

5. YES NO TO 10. YES NO TO 11.

6. UNITY SCHOOL OF CHRISTIANITY 77 1/2 JEFFERSON AVENUE CITY, MO.

7. JAN 26, 1943

8. 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.

DO NOT WRITE IN THESE SPACES

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER

REQUIRED UNDER THE FEDERAL UNEMPLOYMENT COMPENSATION ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

495-24-7475

EACH ITEM MUST BE FILLED IN. IF THE INFORMATION FOLLOWS IN ANY ITEM IT IS NOT KNOWN WRITE "UNKNOWN". PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE.

1. CHAS. FILLMORE
FIRST NAME LAST NAME
MIDDLE NAME IF THE NAME BE MIDDLE NAME OR INITIAL, GIVE A LINE
HOW MANY YEARS HAVE YOU BEEN EMPLOYED IN A BUSINESS OR SERVICE FOR WHICH YOU WILL BE BEING INSURED.

2. RR #3 LEES SUMMIT, MO CHARLES FILLMORE
ADDRESS CITY AND STATE

3. 88 AUG 22 1854 CHIPPEWA RESERVATION IN
AGE AT LAST BIRTHDAY DATE OF BIRTH (MONTH DAY YEAR) PLACE OF BIRTH (CITY) NORTHERN MINNESOTA

4. HENRY GLEZEN FILLMORE GEORGIANA STONE
FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD MOTHER'S FULL NAME, EITHER DEAD OR ALIVE, REGARDLESS OF WHETHER LIVING OR DEAD

5. SEX MALE FEMALE OTHER 6. HAVE YOU EVER BEFORE APPLIED FOR OR RECEIVED SUCH NUMBER? YES NO
7. NATIONAL SECURITY NUMBER YES NO

8. 917 Tacy Kansas City, Mo
UNITY SCHOOL OF CHRISTIANITY CITY AND STATE OF ORIGINAL APPLICATION

9. JAN 26, 1943
DATE OF BIRTH SIGNATURE

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

DO NOT WRITE IN THESE SPACES