



Background

In response to a Freedom of Information Request (FOIA) to the Social Security Administration for the release of Stanley Ann Dunham's (Obama's mother) application for a Social Security card (the SS-5 form), the following was released) :

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED SINCE THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

535-40-8522
DO NOT WRITE IN THE ABOVE SPACE

Fill in this form (PRINT) IN INK OR IN TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 FIRST NAME (LAST NAME FIRST) FIRST NAME MIDDLE NAME IF YOU USE IN FULL; NAME OR INITIAL, DRAW A LINE () LAST NAME
STANLEY ANN DUNHAM

2 PRINT FULL NAME GIVEN YOU AT BIRTH
STANLEY ANN DUNHAM

3 MARITAL ADDRESS (IND AND ST. PLAC. NOT ON RECD. (CITY) (STATE)
3206 E. LEXINGTON MEERETS, MAH
WICHITA KANSAS

4 AGE AND AGE WHEN APPLIED (DATE OF BIRTH (MONTH) (DAY) (YEAR) PLACE OF BIRTH (CITY) (COUNTY) (STATE)
16 NOVEMBER 29, 1942 WICHITA KANSAS

5 FATHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD) MOTHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD)
STANLEY ARMOUR DUNHAM MADRYN LEE PAYNE

6 (HAVE YOU EVER BEFORE APPLIED FOR OR HAS A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER?) YES NO (MARK (X) WHICH)
NO NO NO

7 BUSINESS NAME OF EMPLOYER (IF EMPLOYED) WRITE "UNEMPLOYED" IF UNEMPLOYED
unemployed

8 EMPLOYER'S ADDRESS (IND AND STREET) (CITY) (STATE)
STATE DATE
1942

9 SIGNATURE (WRITE YEAR, MONTH AND DAY AS USUALLY REGISTERED (DO NOT PRINT)
Stanley Ann Dunham

FORM NO. 5 THE TREASURY DEPARTMENT INTERNAL REVENUE SERVICE (Revised 7-65) 16-6689-0

There is conclusive evidence that this is a forgery.

Evidence

Look at the following two forms. The first one is the FOIA request released by Social Security. The second is another form filled out in 1959 (the same year Dunham's was supposedly filled out)

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

535-40-8522

DO NOT WRITE IN THE ABOVE SPACE

PRINT OR TYPE IN BLOCK LETTERS (USE INK OR BLUE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN")

1. PRINT NAME (LAST, FIRST AND MIDDLE) FIRST NAME: **STANLEY ANN** MIDDLE NAME: (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE) LAST NAME: **DUNHAM**

2. MAILING ADDRESS (NO AND ST. P.O. BOX OR RFD) (CITY) (COUNTY) (STATE): **3206 E. LEXINGTON MERCEDES, MOBILE, ALA.**

3. PRINT FULL NAME GIVEN YOU AT BIRTH: **STANLEY ANN DUNHAM**

4. AGE ON LAST BIRTHDAY: **16** DATE OF BIRTH (MONTH) (DAY) (YEAR): **NOVEMBER 29, 1942**

5. PLACE OF BIRTH (CITY) (COUNTY) (STATE): **WICHITA KANSAS**

6. MOTHER'S FULL NAME BEFORE EVER MARRIED (REGARDLESS OF WHETHER LIVING OR DEAD): **MADELYN LEE PAYNE**

7. FATHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD): **STANLEY ARMOUR DUNHAM**

8. HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES NO (MARK (X) WHICH)

9. SEX (MARK (X) WHICH) (IF OTHER, SPECIFY): MALE FEMALE (MARK (X) WHICH)

10. BUSINESS NAME OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED"): **unemployed**

11. IF EMPLOYER IS FIVE, PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN: STATE: DATE:

12. EMPLOYER'S ADDRESS (NO AND STREET) (CITY) (COUNTY) (STATE):

13. SIGNATURE: *Stanley Ann Dunham* DATE: **May 22, 1959**

14. WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT): *Stanley Ann Dunham*

FORM NO. 5 TREASURY DEPARTMENT INTERNAL REVENUE SERVICE (REVISED 7-65) 16-6289-9

Dunhams SS-5 form supposedly filled out in 1959

FORM NO. 5 TREASURY DEPARTMENT INTERNAL REVENUE SERVICE (REVISED 7-65)

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

430-76-1178

DO NOT WRITE IN THE ABOVE SPACE

PRINT OR TYPE IN BLOCK LETTERS (USE INK OR BLUE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN")

1. PRINT NAME (LAST, FIRST AND MIDDLE) FIRST NAME: **Bertha** MIDDLE NAME: **McQuire** LAST NAME: **McQuire**

2. MAILING ADDRESS (NO AND ST. P.O. BOX OR RFD) (CITY) (COUNTY) (STATE): **719 Garland, Hot Springs, Ark.**

3. PRINT FULL NAME GIVEN YOU AT BIRTH: **Bertha Viola Brantley**

4. AGE ON LAST BIRTHDAY: **61** DATE OF BIRTH (MONTH) (DAY) (YEAR): **Nov. 11, 1897**

5. PLACE OF BIRTH (CITY) (COUNTY) (STATE): **Garland Co., Ark.**

6. MOTHER'S FULL NAME BEFORE EVER MARRIED (REGARDLESS OF WHETHER LIVING OR DEAD): **Alice Virginia Ivy**

7. FATHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD): **John Brantley**

8. HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES NO (MARK (X) WHICH)

9. SEX (MARK (X) WHICH) (IF OTHER, SPECIFY): MALE FEMALE (MARK (X) WHICH)

10. BUSINESS NAME OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED"):

11. IF EMPLOYER IS FIVE, PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN: STATE: DATE:

12. EMPLOYER'S ADDRESS (NO AND STREET) (CITY) (COUNTY) (STATE):

13. SIGNATURE: *Bertha McQuire* DATE: **7/21/59**

14. WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT): *Bertha McQuire*

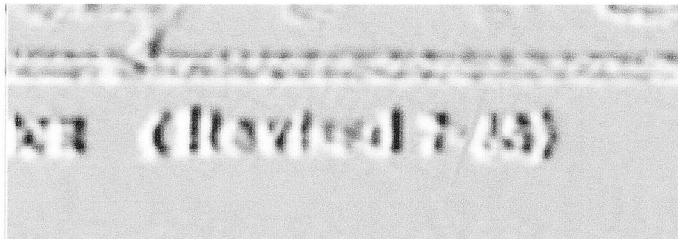
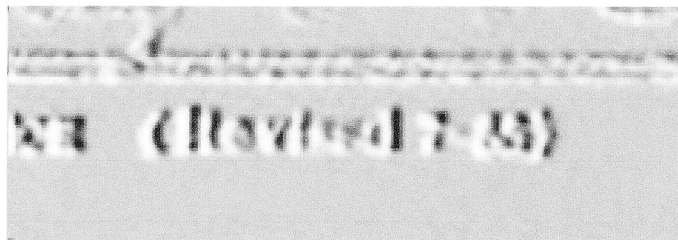
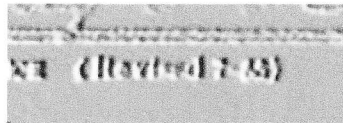
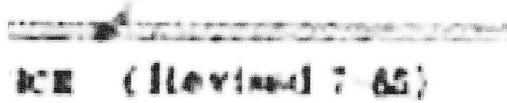
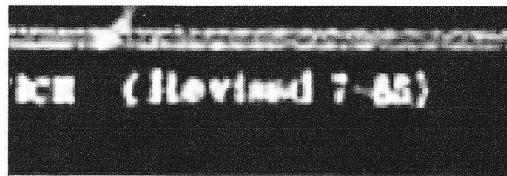
RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

Actual SS-5 form from McQuire 1959

Now at the bottom of Dunhams SS-5 form, it can clearly be seen that the form was Revised on 7/65. That is quite a task as seeing that she signed the form in 1959. More on that below.

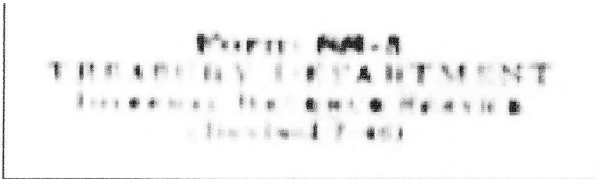
The forms look almost the same. There are just a few minor differences. They are noted in red on the forms. Basically what they did was just switch the locations of those two areas on the forms. Unless you were looking very closely, those 2 forms would look identical. Someone not paying attention would think the 1965 form was the 1959 form.

Some enhancements of the Revised statement on the Dunham form. It is clearly 7/65



Now if you look at the actual SS-5 form from 1959, in the upper left hand corner you see the Revised statement. It is not that clear, but looks like 7-46

Form: SS-5
TREASURY DEPARTMENT
INTERNAL SECURITY SERVICE
(Revised 7-46)



What does Revised on a form mean ?

Whenever a change is made to an official government form (in this case, the SS-5 form), a Revision date has to be entered on the new form. It could be something as small as a single word change , or just the layout of the form. To illustrate this, I will show 2 forms. The first form is from 1947. It has a Revised date of 7/46 on it. Since this form was revised in 1946, a form from 1945 would look different. The second form is from 1945. As you can see, they are different looking forms.

Form SS-5 APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

578-10-307

556 E. Robinson St., N. E. Soc.

1. PRINT NAME (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE) FIRST NAME MIDDLE NAME LAST NAME
 Julia G. Brooks

2. PRINT FULL NAME GIVEN YOU AT BIRTH
 Julia G. Brooks

3. PRINT FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD
 Daisy Langford

4. DATE OF LAST BIRTHDAY (MONTH) (DAY) (YEAR)
 5-1925

5. DATE OF BIRTH (MONTH) (DAY) (YEAR)
 5-1925

6. PLACE OF BIRTH (CITY) (COUNTY) (STATE)
 DeWittsboro, Miss.

7. FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD
 Charles Brooks

8. MARRIAGE (X) MARRIED () UNMARRIED ()
 SEX () MALE () FEMALE

9. COLOR () MARRIED () UNMARRIED ()
 RACE () WHITE () NEGRO () OTHER ()

10. BUSINESS NAME OF EMPLOYER, IF UNEMPLOYED, WRITE "UNEMPLOYED"

11. IF ANSWER IS "YES," PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN APPLIED AND WHEN ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT

12. EMPLOYER'S ADDRESS (NO AND STREET) (CITY) (COUNTY) (STATE)

13. YOUR DATE
 10/20/47

14. WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)
 Julia G. Brooks

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE.

1947

Form SS-5 APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

555 36-9518

1. PRINT NAME (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE) FIRST NAME MIDDLE NAME LAST NAME
 Hazel Roberts

2. PRINT FULL NAME GIVEN YOU AT BIRTH
 Hazel Elizabeth Anderson

3. PRINT FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD
 Alice Ramsey

4. DATE OF LAST BIRTHDAY (MONTH) (DAY) (YEAR)
 7-1913

5. DATE OF BIRTH (MONTH) (DAY) (YEAR)
 7-22-1887

6. PLACE OF BIRTH (CITY) (COUNTY) (STATE)
 Hayden Hill, Lassen Calif.

7. FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD
 Herman Peter Anderson

8. MARRIAGE (X) MARRIED () UNMARRIED ()
 SEX () MALE () FEMALE

9. COLOR () MARRIED () UNMARRIED ()
 RACE () WHITE () NEGRO () OTHER ()

10. BUSINESS NAME OF EMPLOYER, IF UNEMPLOYED, WRITE "UNEMPLOYED"

11. IF ANSWER IS "YES," PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN APPLIED AND WHEN ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT

12. EMPLOYER'S ADDRESS (NO AND STREET) (CITY) (COUNTY) (STATE)
 Northern Redwood Lumber Co, Hazel

13. YOUR DATE
 7-22-45

14. WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)
 Hazel S. Roberts

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE.

1945

Proof that the 1959 form was a form revised in 1946

Although from the image of the 1959 form it isn't too clear if it is a 46, there is a way to test it. We just have to look at forms between 1946 and 1960. They should all look the same. Following is the actual form from 1959, followed by those from 1947, 1948, 1949, 1953, 1956 and 1960

Form SS-5 APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

430-76-7178

1. PRINT NAME (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE) FIRST NAME MIDDLE NAME LAST NAME
 Bertha McGuire

2. PRINT FULL NAME GIVEN YOU AT BIRTH
 Bertha Viola Brantley

3. PRINT FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD
 Alice Virginia Ivy

4. DATE OF LAST BIRTHDAY (MONTH) (DAY) (YEAR)
 61

5. DATE OF BIRTH (MONTH) (DAY) (YEAR)
 Nov. 11, 1897

6. PLACE OF BIRTH (CITY) (COUNTY) (STATE)
 Garland Co., Ark.

7. FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD
 John Brantley

8. MARRIAGE (X) MARRIED () UNMARRIED ()
 SEX () MALE () FEMALE

9. COLOR () MARRIED () UNMARRIED ()
 RACE () WHITE () NEGRO () OTHER ()

10. BUSINESS NAME OF EMPLOYER, IF UNEMPLOYED, WRITE "UNEMPLOYED"

11. IF ANSWER IS "YES," PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN APPLIED AND WHEN ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT

12. EMPLOYER'S ADDRESS (NO AND STREET) (CITY) (COUNTY) (STATE)

13. YOUR DATE
 10/20/59

14. WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)
 Bertha McGuire

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE.

1959

Form SS-5 APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

578-10-1005

534 - Alabama 101 11-1-59

1 PRINT NAME YOU LIVE TO (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE) FIRST NAME MIDDLE NAME LAST NAME
 Julia Ann Brooks

2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE)
 3 PRINT FULL NAME GIVEN YOU AT BIRTH
 Julia Ann Brooks

4 AGE ON LAST BIRTHDAY 5 DATE OF BIRTH (MONTH) (DAY) (YEAR)
 6 PLACE OF BIRTH (CITY) (COUNTY) (STATE)
 7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD
 8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD
 9 MARK (X) WHICH: WIFE () WIDOW (X) DIVORCED () OR () OTHER ()
 10 MARK (X) WHICH: () NONE (X) OTHER ()
 11 HAVE YOU EVER BEFORE APPLIED FOR A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES () NO (X)
 12 BUSINESS NAME OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED")
 13 TODAY'S DATE
 14 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)
 Julia Ann Brooks

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

1947

Form SS-5 APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

439-52-9878

1 PRINT NAME YOU LIVE TO (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE) FIRST NAME MIDDLE NAME LAST NAME
 Rada Jane Baker

2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE)
 3 PRINT FULL NAME GIVEN YOU AT BIRTH
 RADA JANE HUNTER

4 AGE ON LAST BIRTHDAY 5 DATE OF BIRTH (MONTH) (DAY) (YEAR)
 6 PLACE OF BIRTH (CITY) (COUNTY) (STATE)
 7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD
 8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD
 9 MARK (X) WHICH: WIFE () WIDOW (X) DIVORCED () OR () OTHER ()
 10 MARK (X) WHICH: () NONE (X) OTHER ()
 11 HAVE YOU EVER BEFORE APPLIED FOR A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES () NO (X)
 12 BUSINESS NAME OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED")
 13 TODAY'S DATE
 14 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)
 Rada Jane Baker

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

1948

Form SS-5 APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

341-26-8498

1 PRINT NAME YOU LIVE TO (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE) FIRST NAME MIDDLE NAME LAST NAME
 John Henry Buchanan

2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE)
 3 PRINT FULL NAME GIVEN YOU AT BIRTH
 JOHN HENRY BUCHANAN

4 AGE ON LAST BIRTHDAY 5 DATE OF BIRTH (MONTH) (DAY) (YEAR)
 6 PLACE OF BIRTH (CITY) (COUNTY) (STATE)
 7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD
 8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD
 9 MARK (X) WHICH: WIFE () WIDOW (X) DIVORCED () OR () OTHER ()
 10 MARK (X) WHICH: () NONE (X) OTHER ()
 11 HAVE YOU EVER BEFORE APPLIED FOR A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES () NO (X)
 12 BUSINESS NAME OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED")
 13 TODAY'S DATE
 14 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)
 John Henry Buchanan

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

1949

Form 605-5
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
(Revised 7-66)

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

[527-42-1364]
DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR, IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED: **THELMA HAZEL McDANIEL**

2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE): **RT 2, BOX 225, YUMA, ARIZ**

3 PRINT FULL NAME GIVEN YOU AT BIRTH: **THELMA HAZEL COOPER**

4 AGE ON LAST BIRTHDAY: **45**

5 DATE OF BIRTH (MONTH) (DAY) (YEAR): **OCT 28 08 VANADYSTYNE TEXAS**

6 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD: **WALTER SCOTT COOPER**

7 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD: **CORA LEE EMMONS**

8 (MARK (X) WHICH) GENDER: **MALE** FEMALE

9 (MARK (X) WHICH) COLOR: **WHITE** NEGRO OTHER

10 BUSINESS NAME OF EMPLOYER, IF UNEMPLOYED, WRITE "UNEMPLOYED": **HARRIS' STORE**

11 EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (ZONE) (STATE): **RT 2 Box 195 YUMA ARIZ**

12 TODAY'S DATE: **NOV. 10, 1953**

13 SIGNATURE: **Thelma H. McDaniel**

14 RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

1953

Form 605-5
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
(Revised 7-66)

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

[222-24-0658]
DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR, IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED: **WILLIS C RUST**

2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE): **HARRINGTON, R.D. 3, DEL.**

3 PRINT FULL NAME GIVEN YOU AT BIRTH: **Willis C Rust**

4 AGE ON LAST BIRTHDAY: **61**

5 DATE OF BIRTH (MONTH) (DAY) (YEAR): **OCT. 20, 1894**

6 PLACE OF BIRTH (CITY) (COUNTY) (STATE): **FARMINGTON, WENT, DEL.**

7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD: **Detachia Masterson**

8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD: **Detachia Masterson**

9 (MARK (X) WHICH) GENDER: **MALE** FEMALE

10 (MARK (X) WHICH) COLOR: **WHITE** NEGRO OTHER

11 BUSINESS NAME OF EMPLOYER, IF UNEMPLOYED, WRITE "UNEMPLOYED": **FARMINGTON, DEL.**

12 EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (ZONE) (STATE): **FARMINGTON, DEL.**

13 TODAY'S DATE: **Nov 15, 1956**

14 SIGNATURE: **Willis C Rust**

15 RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

1956

Form 605-5
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
(Revised 7-66)

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

[431-80-9434]
DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR, IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED: **John Thomas McLeMone**

2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE): **Box 686 Merida, Ark.**

3 PRINT FULL NAME GIVEN YOU AT BIRTH: **Geary Rock Franklin Texas**

4 AGE ON LAST BIRTHDAY: **87**

5 DATE OF BIRTH (MONTH) (DAY) (YEAR): **12/30/73**

6 PLACE OF BIRTH (CITY) (COUNTY) (STATE): **Geary Rock Franklin Texas**

7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD: **Marion F McLeMone**

8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD: **Lucy V. Hutchins**

9 (MARK (X) WHICH) GENDER: **MALE** FEMALE

10 (MARK (X) WHICH) COLOR: **WHITE** NEGRO OTHER

11 BUSINESS NAME OF EMPLOYER, IF UNEMPLOYED, WRITE "UNEMPLOYED": **Self Employed**

12 EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (ZONE) (STATE): **Self Employed**

13 TODAY'S DATE: **3/15/60**

14 SIGNATURE: **J. T. McLeMone**

15 RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE