

| 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                    |                | MONTH                          |  | DAY              |                              | YEAR               |                               | <b>8</b> | 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 500-02 (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

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| <b>Received/Reviewed By:</b> _____<br><br><b>Verified/Approved By:</b> _____<br><br><b>Processed By:</b> _____ | <b>Date:</b> ____/____/____.<br><br><b>Date:</b> ____/____/____.<br><br><b>Date:</b> ____/____/____. |
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