

➔ **Please refer to the back for instructions on how to complete your request.**
Social Security Number

1	IF REQUESTING NAME CHANGE, PRINT YOUR NEW NAME HERE	FIRST	MIDDLE NAME (if none, draw line—)	LAST															
2	PRINT YOUR NAME AS SHOWN ON YOUR PREVIOUS CARD	FIRST	MIDDLE NAME (if none, draw line—)	LAST															
3	DATE OF BIRTH	MONTH	DAY	YEAR	4	DATE OF BIRTH PREVIOUSLY RECORDED (if different from item #3)	MONTH	DAY	YEAR	5	FROM COUNTRY CODE				6	NEW COUNTRY CODE			
7	PLACE OF BIRTH	CITY	STATE OR COUNTRY		8	RESIDENCE IN PALAU	HAMLET	STATE		9	SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE							
10	MAILING ADDRESS <u>IN</u> PALAU										11	TELEPHONE NUMBER <u>IN</u> PALAU							
12	PERMANENT MAILING ADDRESS <u>OUTSIDE</u> OF PALAU (EMAIL ADDRESS)										13	TELEPHONE NUMBER <u>OUTSIDE</u> OF PALAU							
14	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/WIDOWER <input type="checkbox"/> DIVORCED					15	CURRENT EMPLOYER					16	EMPLOYER EIN# / SSN						
17	MOTHER'S NAME AT HER BIRTH	FIRST NAME	MIDDLE NAME	LAST NAME AT BIRTH	ADOPTIVE <input type="checkbox"/>	18	FATHER'S NAME	FIRST NAME	MIDDLE NAME	LAST NAME AT BIRTH	ADOPTIVE <input type="checkbox"/>								

I UNDERSTAND that any person who knowingly makes any false statement in applying for a Social Security Number is subject to a fine of not more than \$2,000 or imprisonment up to one-year or both.

19 APPLICANT'S SIGNATURE	20 TODAY'S DATE
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FOR OFFICE ONLY			
EVIDENCE SUBMITTED	OTHER COMMENTS	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Social Security Administrator
		_____ Date	

ROPSSA 500-04 (Rev.08/19)

SOME THINGS TO HELP YOU COMPLETE YOUR REQUEST

	If you would like to:	Then you must provide:
1	If you are requesting a change in your name, please clearly print your new name. If you are requesting a change on something other than your name, please leave this field blank.	One or more of the following documents: <ul style="list-style-type: none"> Marriage certificate Divorce decree Court decree of name change Other Public Record
4	If you would like to change your date of birth, please provide the date you had used on your earlier application for a Social Security card. If you are not changing your date of birth, please leave this field blank.	
5	Only complete this field if you would like to change the country code of your Social Security number. Otherwise, please leave this field blank.	
8	Please indicate the hamlet and state in Palau where you are currently residing. For example, "Ngerkeai, Aimeliik."	One or more of the following documents: <ul style="list-style-type: none"> Birth certificate Court decree Other Public Record
12	This field is for foreigners only. Please provide the mailing address of your home country.	
13	This field is for foreigners only. Please provide the contact number of your permanent address outside of Palau.	• Birth certificate • Passport

Do you have your Social Security Card?

Yes No

If you have made changes to your name, a new card must be issued to reflect your name change.
 If you still have your old Social Security Card, please attach it to this request and we will provide a new card at no charge.
 But if your old card was lost or stolen, a fee will be applied for a replacement card.