

\*\*\* PETITION FOR NAME CHANGE \*\*\*

**ALL OF THESE FORMS MUST BE TYPED**

Forms required:

**AOC-295 Petition for Name Change**

This form must be completed in duplicate. It must be signed in front of a notary or probate clerk by the petitioner or biological parents, if for a minor.

**AOC-296 Name Change Order**

This form must be completed in duplicate.

**Minor name change**

If both parents do not sign the petition, the petitioning parent must notify the other both by certified and regular mail at their last known address, of the attempt to change the child's name. Notice can be given with a copy of the petition, you must include the court date, time and courtroom number in the space provided at the bottom of the form.

A court date is required in all minor name changes. Court dates are scheduled Monday through Thursday at 1:00 p.m.

**Adult name change**

If the petitioner has a valid picture identification then a court appearance is not required the case will simply go to the judge for their signature. If the petitioner does not have an identification then a court date will have to be scheduled. Court dates are scheduled Monday through Thursday at 1:00 p.m.

The filing fee is \$43.00, and \$5.00 for each certified copy of your order and \$.50 for each attested copy of your order. If you are an attorney filing these forms there will be an additional \$2.50 attorney tax. **YOU MUST ALSO HAVE A SEPARATE CHECK OR MONEY ORDER MADE PAYABLE TO THE JEFFERSON COUNTY CLERK'S OFFICE FOR \$8.00 TO RECORD THE ORDER. NO CASH WILL BE ACCEPTED FOR THIS PAYMENT.** Without both payments your filing cannot be accepted. Certified copies are usually required by Vital statistics for birth certificate, and Social security. Attested copies are usually required by drivers license, schools and employers.



PETITION FOR NAME CHANGE

Case No. \_\_\_\_\_  
Court \_\_\_\_\_ District \_\_\_\_\_  
County \_\_\_\_\_

IN RE: CHANGE OF NAME FOR \_\_\_\_\_

COME(S) THE PETITIONER(S), (choose one):

- \_\_\_\_\_ and \_\_\_\_\_,  
living parents of the above-captioned minor (*minor refers to child under age 18, see KRS 401.020*); **or**
- \_\_\_\_\_, surviving parent of above-captioned minor; **or**
- \_\_\_\_\_, guardian of above-captioned minor; **or**
- above-captioned adult, **AND IN SUPPORT OF THIS PETITION STATE(S):**

1. The original name is \_\_\_\_\_.
2. The desired name change is \_\_\_\_\_.
3. Birthdate (*MM/DD/YY*) of minor/adult is \_\_\_\_\_.
4. Birth location (*city, county, state*) of minor/adult is: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
5. Minor/Adult currently resides in the county in which this Petition is filed. His/Her address is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Purpose of desired name change is: \_\_\_\_\_  
\_\_\_\_\_. I understand **identity theft** is a **Class D Felony** in Kentucky.  
KRS 514.160. **I am not requesting this name change to avoid a legal obligation or evade prosecution.**

7. **For petition of minor with two living parents:** Per KRS 401.020, if a parent refuses or is unavailable to execute this Petition, **proper notice** of its filing **shall be made on absent parent** pursuant to the Rules of Civil Procedure.

**Father:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mother:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHEREFORE**, Petitioner(s) pray(s) for an Order for Change of Name.

Dated: \_\_\_\_\_, 2\_\_\_\_.

Petitioner's Signature \_\_\_\_\_

Petitioner's Signature \_\_\_\_\_

Attorney Name: \_\_\_\_\_

<b>HEARING</b>
Schedule hearing for _____, 2____ at _____ [ ] a.m. / [ ] p.m. _____ Judge

Subscribed and sworn to before me on _____ _____, 2____. My commission expires: _____, 2____. _____ Notary
--

Distribution for Hearing Notice: Petitioner(s) OR Attorney for Petitioner(s), if any



NAME CHANGE ORDER

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
Division \_\_\_\_\_  
County \_\_\_\_\_

IN RE: CHANGE OF NAME FOR \_\_\_\_\_

Petitioner(s), \_\_\_\_\_

[ ] living parents [ ] surviving parent [ ] guardian of the above-captioned minor; or [ ] above-captioned adult, having filed a petition for name change and the Court having held a hearing on the matter, the Court makes the following

FINDINGS OF FACT:

1. The original name is \_\_\_\_\_.
2. The desired name change is \_\_\_\_\_.
3. The minor, being less than 18 years old, or the adult, being at least 18 years old, is \_\_\_\_\_ years of age; date of birth being \_\_\_\_\_, 2 \_\_\_\_\_; and birthplace being \_\_\_\_\_.
4. The minor/adult is currently a resident of the county in which this petition is filed, his/her address being \_\_\_\_\_.
5. For a minor's petition only:
  - a. The name of the minor's father, if known, is \_\_\_\_\_.
  - b. The name of the minor's mother, if known, is \_\_\_\_\_.

Based on the above findings of fact, IT IS HEREBY ORDERED that the name is changed.

Date: \_\_\_\_\_, 2 \_\_\_\_\_

Signature of Judge

Attorney Name and Address (if any): \_\_\_\_\_

**NOTICE TO ADULT PETITIONER:**

Pursuant to KRS 186.540, if you have applied for or are in receipt of a Kentucky driver's license, you have ten (10) days after entry of this Order to apply to circuit clerk in your county of residence for the issuance of a corrected license.

**NOTICE TO CLERK:**

Pursuant to KRS 401.040, if a name change is Ordered, send a certified copy of this Order to the county clerk for recording and instruct the petitioner to pay the county clerk's recording fee.

COMMONWEALTH OF KENTUCKY  
STATE REGISTRAR OF VITAL STATISTICS

**APPLICATION FOR BIRTH CERTIFICATE**

**Please Print Or Type All Information Required On This Form**

Name on Certificate \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Kentucky County of Birth \_\_\_\_\_

Mother's Full Maiden Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Hospital \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant) Phone: \_\_\_\_\_  
(Area Code) (Number)

Relationship To Person Named On Certificate \_\_\_\_\_

**A \$10.00 fee must accompany this application.**  
KRS 213.141 mandates that \$3.00 of this fee be used toward the prevention of child abuse and that \$1.00 of this fee be used to provide coverage for inherited metabolic disease products for uninsured children.

Office Use Only	
Vol	_____
Cert	_____
Year	_____
Date	_____
Initials	_____

The \$10.00 fee cannot be returned if the certificate is not found. If the certificate is on file you will receive one copy. Additional copies are \$10.00 each. Make check or money order payable to **"Kentucky State Treasurer"**. When complete, mail the entire form to: **Vital Statistics, 275 East Main 1E-A, Frankfort, Kentucky 40621.**

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Certified Copies - \$10.00 Each Copy – Number of copies desired \_\_\_\_\_

**Name and Mailing Address Required**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have not received your certificate(s) within 30 working days from the postmarked date of mailing, please contact the Office of VITAL STATISTICS at: 502-564-4212**

Applicant's Phone \_\_\_\_\_  
(Area Code) (Number)

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

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**Applying for a Social Security Card is free!**

### USE THIS APPLICATION TO APPLY FOR:

- An **original** Social Security card
- A **replacement** Social Security card
- A **change of information** on your record

**IMPORTANT:** You **MUST** provide the required evidence before we can process the application. Follow the instructions below to provide the information and evidence we need.

- STEP 1** Read the instructions on this application. They contain important information about documents that can be submitted as evidence, and how to complete and submit the application.
- STEP 2** Complete and sign the application using **BLUE** or **BLACK INK**. **Do not** use pencil or other colors of ink. Please write legibly. If you print this application from our website, you must print it on 8 1/2" x 11" white paper (if you live abroad and cannot obtain 8 1/2" x 11" paper, A4 size paper (8.25" x 11.7") is the only acceptable alternative).
- STEP 3** Submit the completed and signed application with all required evidence to a Social Security office.

### HOW TO SUBMIT THIS APPLICATION

**In most cases**, you can mail or take this application with your evidence documents to any Social Security office. However, if you live in an area serviced by a Social Security Card Center, you may need to visit the Social Security Card Center in person for all SSN related business. We will return your documents to you.

**IMPORTANT:** If you are **age 12 or older** and have **never** been assigned a Social Security number before, you **MUST** apply **in person**.

**If you have any questions** about this form, or about the evidence documents we need, please visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Visiting our Internet site will help you make sure you have everything you need to apply for a card or change information on your record. You may also call Social Security at 1-800-772-1213 or contact your local office. You can find your nearest office or Social Security Card Center in your local phone directory or on our website.

### PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. **DO NOT** carry the card with you. Keep it in a secure location and only take it with you when you must show the card, e.g. to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. **DO NOT** allow others to use your Social Security number as their own.

### ABOUT YOUR EVIDENCE DOCUMENTS

You must provide the required documents based on your type of request. There will be situations when we must verify a document with the issuing agency. If your documents do not meet these requirements, we cannot process your application.

- We need **ORIGINAL** documents or **copies certified by the custodian of the record**. We will return your documents after we have seen them.
- **We cannot accept photocopies or notarized copies of documents.**
- See **EVIDENCE DOCUMENTS WE NEED TO SEE** on page 3.

**ORIGINAL CARD:** To apply for an **original card**, you will need to provide **at least two** documents to prove **age, identity, and U.S. citizenship or current lawful, work-authorized immigration status**. **If you are not a U.S. citizen or do not have current lawful, work-authorized immigration status, you MUST prove that you have a valid nonwork reason for requesting a card.** (See **HOW TO COMPLETE THIS APPLICATION, Page 2, Item 3.**)

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**REPLACEMENT CARD:** To apply for a **replacement card**, you must prove your **identity** (See **IDENTITY**, Page 3). If you were born outside of the U.S., you will also need to prove your **U.S. citizenship or current lawful, work-authorized immigration status**.

**CHANGE OF INFORMATION:** If you need to correct information on your SSN card, or information shown in our records (e.g., a name change, or corrected date of birth), you will need to prove your **identity and provide documents that support the change and establish the reason for the change (e.g., a birth certificate to show your corrected date or place of birth)**. A name change document (e.g., marriage document) must identify you by both your old and new names. If it does not have enough identifying information (See **IDENTITY**, Page 3), we will request an identity document in your prior name and another in your new legal name in addition to the name change document. If you were born outside of the U.S., you also need to prove your **U.S. citizenship or current lawful, work-authorized immigration status**.

## LIMITS ON REPLACEMENT SOCIAL SECURITY NUMBER (SSN) CARDS

Public Law 108-458 imposes **limits on the number of replacement SSN cards** you may receive at 3 per year and 10 in a lifetime. In determining these limits, SSA will not count changes in legal name (i.e., first name or surname), or changes to a restrictive legend (i.e., Valid for Work with DHS Authorization, Not Valid for Employment) shown on the SSN card. In addition, we may grant exceptions on a case-by-case basis if you provide evidence to establish a need for an SSN card **beyond these limits** (e.g., a letter from a social services agency stating you must show the SSN card in order to get benefits).

## HOW TO COMPLETE THIS APPLICATION

Most items on the form are self-explanatory. Those that need explanation are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

2. Show the address where you can receive your card 10 to 14 days from now.
3. If you check "Legal Alien **Not** Allowed to Work," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all of the requirements for the U.S. government benefit. NOTE: Not all U.S. State or local benefits are acceptable for non-work SSN purposes. Contact SSA to see if your reason qualifies.  
  
If you check "Other," you must provide a document from the U.S. government agency that explains why you need a Social Security number and that you meet all of the requirements for a Federal benefit except for the number.
5. Providing race/ethnic information is voluntary. However, providing this information helps us prepare statistical reports on how Social Security programs affect people. We do not reveal the identities of individuals in these reports.
6. Show the month, day and full (4 digit) year of birth, for example, "1998" for year of birth.
- 8.B. You **must** show the mother's Social Security number only when the application is for an **original** Social Security card for a person under age 18. However, this item may be left blank if the mother was never assigned a Social Security number, or if you do not know the mother's Social Security number and are unable to obtain it. We will still be able to assign a number to the person under age 18.
- 9.B. You **must** show the father's Social Security number only when the application is for an **original** Social Security card for a person under age 18. However, this item may be left blank if the father was never assigned a Social Security number, or if you do not know the father's Social Security number and are unable to obtain it. We will still be able to assign a number to the person under age 18.
13. If the date of birth you show in item 6 is different from the date of birth you used on a prior application for a Social Security card, show the date of birth you used on the prior application and submit evidence of age to support the date of birth in item 6.
16. If you are age 18 or older, you **must sign** the application. If you are under age 18, you or a parent or legal guardian may sign. If you are physically or mentally incapable of signing the application, generally a parent, close relative, or legal guardian may sign the application. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including any additional information on the signature line as this may invalidate your application. Call us if you need clarification about who can sign. (See the "IMPORTANT" note under evidence of **IDENTITY** on page 3.)

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## EVIDENCE DOCUMENTS WE NEED TO SEE

The following lists are not all inclusive. However, they provide examples of the types of documents we need to see. **All documents must meet the criteria shown under "ABOUT YOUR EVIDENCE DOCUMENTS" on Page 1 in order to be considered.** If you have questions or need to discuss additional documents, see "If you have any questions" also on Page 1. Some documents we **may** accept are as follows:

**AGE:** In general, we must see your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. Hospital record of your birth (created at the time of your birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must indicate that the birth data was taken from the original birth certificate)

Call us for advice if you cannot obtain one of these documents.

**IDENTITY:** We must see evidence of identity in your legal name. Your legal name will be shown on the SSN card. Generally, we prefer to see documents issued in the U.S. Documents submitted to establish identity must show your legal name **AND** provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description-- height, eye and hair color, etc.). Additionally, if you send a photo identity document but do not appear in person, the document **must** show your biographical information (e.g., your date of birth, age, or parents' names). To protect your Social Security card and number, identity documents **must** be of recent issuance.

### WE MUST SEE YOUR:

- U.S. driver's license; **or**
- U.S. State-issued non-driver identity card; **or**
- U.S. passport

If you do not have one of these documents, or cannot get a replacement within 10 days, we may accept other documents such as a U.S. military identity card, Certificate of Naturalization, or employee identity card. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card or a school record maintained by the school.

If you are not a U.S. citizen, we **must** see your current U.S. immigration document and your foreign passport with biographical information or photograph.

**WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD OR CARD STUB, OR A SOCIAL SECURITY RECORD as evidence of identity.**

**IMPORTANT:** If you are **applying for a card on behalf of someone else, you must provide evidence that establishes your authority to sign the application on behalf of the person to whom the card will be issued** (e.g., a minor child's birth certificate establishes the authority of a parent to sign on behalf of the child). **In addition**, we must see different documents as proof of identity for both you and the person to whom the card will be issued.

**U.S. CITIZENSHIP:** In general, we can accept your U.S. birth certificate or U.S. Passport. Other documents we may accept are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

**IMMIGRATION STATUS:** We need to see a current document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, I-688B, or I-766. We **CANNOT** accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid nonwork reason. (See HOW TO COMPLETE THIS APPLICATION, Page 2, Item 3.) Your card will be marked to show you cannot work. If you do work, we will notify DHS.

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## THE PAPERWORK/PRIVACY ACT AND YOUR APPLICATION

The Privacy Act of 1974 requires us to give each person the following notice when applying for a Social Security number.

Sections 205(c) and 702 of the Social Security Act allow us to collect the facts we ask for on this form.

We use the facts you provide on this form to assign you a Social Security number and to issue you a Social Security card. You do not have to give us these facts, however, without them we cannot issue you a Social Security number or a card. Without a number, you may not be able to get a job and could lose Social Security benefits in the future.

The Social Security number is also used by the Internal Revenue Service for tax administration purposes as an identifier in processing tax returns of persons who have income which is reported to the Internal Revenue Service and by persons who are claimed as dependents on someone's Federal income tax return.

We may disclose information as necessary to administer Social Security programs, including to appropriate law enforcement agencies to investigate alleged violations of Social Security law; to other government agencies for administering entitlement, health, and welfare programs such as Medicaid, Medicare, veterans' benefits, military pension, and civil service annuities, black lung, housing, student loans, railroad retirement benefits, and food stamps; to the Internal Revenue Service for Federal tax administration; and to employers and former employers to properly prepare wage reports. We may also disclose information as required by Federal law, for example, to the Department of Homeland Security, to identify and locate aliens in the U.S.; to the Selective Service System for draft registration; and to the Department of Health and Human Services for child support enforcement purposes. We may verify Social Security numbers for State motor vehicle agencies that use the number in issuing drivers' licenses, as authorized by the Social Security Act. Finally, we may disclose information to your Congressional representative if they request information to answer questions you ask him or her.

We may use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies to determine whether a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.***

MAIL OR TAKE THE COMPLETED FORM TO A LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may also locate the nearest Social Security office on the Internet at <http://www.socialsecurity.gov>.

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> _____ <small>TO BE SHOWN ON CARD</small>	First	Full Middle Name	Last									
	<b>FULL NAME AT BIRTH IF OTHER THAN ABOVE</b>	First	Full Middle Name	Last									
	<b>OTHER NAMES USED</b>												
<b>2</b>	<b>MAILING ADDRESS</b> _____ <small>Do Not Abbreviate</small>	Street Address, Apt. No., PO Box, Rural Route No.											
		City	State	ZIP Code									
<b>3</b>	<b>CITIZENSHIP</b> _____ <small>(Check One)</small>	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien <b>Not</b> Allowed To Work (See Instructions On Page 2)	<input type="checkbox"/> Other (See Instructions On Page 2)								
<b>4</b>	<b>SEX</b> _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female										
<b>5</b>	<b>RACE/ETHNIC DESCRIPTION</b> _____ <small>(Check One Only - Voluntary)</small>	<input type="checkbox"/> Asian, Asian-American or Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black (Not Hispanic)	<input type="checkbox"/> North American Indian or Alaskan Native	<input type="checkbox"/> White (Not Hispanic)							
<b>6</b>	<b>DATE OF BIRTH</b> _____ <small>Month, Day, Year</small>	<b>7</b>	<b>PLACE OF BIRTH</b> _____ <small>(Do Not Abbreviate) City State or Foreign Country FCI</small>		<small>Office Use Only</small>								
<b>8</b>	<b>A. MOTHER'S NAME AT HER BIRTH</b> _____	First	Full Middle Name	Last Name At Her Birth									
	<b>B. MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 8B on Page 2) _____		<table style="width:100%; border:none;"> <tr> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> </tr> </table>										
<b>9</b>	<b>A. FATHER'S NAME</b> _____	First	Full Middle Name	Last									
	<b>B. FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9B on Page 2) _____		<table style="width:100%; border:none;"> <tr> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> </tr> </table>										
<b>10</b>	Has the applicant or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes", answer questions 11-13.) <input type="checkbox"/> No (If "no," go on to question 14.) <input type="checkbox"/> Don't Know (If "don't know," go on to question 14.)												
<b>11</b>	Enter the Social Security number previously assigned to the person listed in item 1. _____	<table style="width:100%; border:none;"> <tr> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> </tr> </table>											
<b>12</b>	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. _____	First	Middle Name	Last									
<b>13</b>	Enter any different date of birth if used on an earlier application for a card. _____	<table style="width:100%; border:none;"> <tr> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> </tr> </table>											
<b>14</b>	<b>TODAY'S DATE</b> _____ <small>Month, Day, Year</small>	<b>15</b>	<b>DAYTIME PHONE NUMBER</b> _____ <small>( ) - Area Code Number</small>										
<b>16</b>	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.		<b>YOUR SIGNATURE</b> _____										
<b>17</b>	<b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) _____												
<b>DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)</b>													
NPN		DOC	NTI	CAN	ITV								
PBC	EVI	EVA	EVC	PRA	NWR	DNR	UNIT						
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW									
				DATE									
				DATE									