

Form 894-B
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
(Revised 1-40)

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

171-24-4499
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		PRINT NAME <i>Phoebe Mable</i>	MIDDLE NAME (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE-----)	LAST NAME <i>Willoughby</i>
2. MAILING ADDRESS (NO. & ST., P. O. BOX, OR RFO)		(CITY)	(ZONE)	(STATE)
<i>311 W. Pitt St Bedford Pa</i>		<i>Bedford Pa</i>		
3. PRINT FULL NAME GIVEN YOU AT BIRTH	<i>PHOEBE MABLE FISHER</i>			
4. AGE ON LAST BIRTHDAY	5. DATE OF BIRTH (MONTH)	(DAY)	(YEAR)	6. PLACE OF BIRTH (CITY)
<i>66</i>	<i>May</i>	<i>21</i>	<i>1899</i>	(COUNTY)
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		
<i>William Fisher</i>		<i>MARY DEANER</i>		
9. (MARK (X) WHICH) SEX	10. COLOR OR RACE	11. HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER?		
MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> OTHER <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DON'T KNOW <input type="checkbox"/>		
12. BUSINESS NAME OF EMPLOYER IF UNEMPLOYED, WRITE "UNEMPLOYED"		IF ANSWER IS "YES", PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN		
<i>Start Bedford Saw</i>		STATE <i>Pa</i> DATE <i>2-1</i>		
13. TODAY'S DATE		14. WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)		
<i>Sept 25 - 46</i>		<i>Mrs Phoebe Mable Willoughby</i>		

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY BOARD FIELD OFFICE

