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

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER

REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

043-26-9448
DO NOT WRITE IN THE ABOVE SPACE

043 26

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 — FIRST NAME: Vincent — MIDDLE NAME (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE —) — LAST NAME: Giagnorio

2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE): ~~Box~~ 6 Division St., Stamford, Conn.

3 FIRST FULL NAME GIVEN YOU AT BIRTH: Vincent Giagnorio

4 AGE ON LAST BIRTHDAY: 54

5 DATE OF BIRTH (MONTH) (DAY) (YEAR): Aug? 10 1896

6 PLACE OF BIRTH (CITY) (COUNTY) (STATE): Italy

7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD: John Giagnorio

8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD: Lucy Pacilli

9 SEX (MARK (X) WHICH): MALE [X] FEMALE [ ]

10 COLOR OR RACE (MARK (X) WHICH) (IF OTHER, SPECIFY): WHITE [X] NEGRO [ ] OTHER [ ]

11 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? (MARK (X) WHICH): YES [ ] NO [X] DON'T KNOW [ ]

IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN — STATE — DATE

ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT — ACCOUNT NUMBER

12 BUSINESS NAME OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED": Barbour

EMPLOYER'S ADDRESS (No. AND STREET) (CITY) (ZONE) (STATE)

13 TODAY'S DATE: Jan. 17, 1951

14 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT): Vincent Giagnorio

16-6330-7

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE