



# CARD REPLACEMENT REPORT FORM

**WARNING: ANY PERSON WHO KNOWINGLY PROVIDES ANY FALSE INFORMATION OR MAKES ANY FALSE REPRESENTATION FOR THE PURPOSE OF OBTAINING A SOCIAL SECURITY REGISTRATION COMMITS A CRIMINAL OFFENCE AND IS PUNISHABLE BY A FINE AND OR IMPRISONMENT.**

Type of card:  MINOR  ADULT  SENIOR

Reason for Replacement: Destroyed  Lost  Stolen  Defaced

Name of Applicant: \_\_\_\_\_  
First Middle Last

### PARTICULARS OF REGISTERED PERSON

Social Security Registration Number 

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Full Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Ph# \_\_\_\_\_  
Day Month Year

Address: \_\_\_\_\_

Give a brief summary of How, When & Where the social security card was lost/stolen/destroyed/defaced?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that the information given above is true to the best of my knowledge. I also understand that if I should recover this reported lost/stolen card in the future, I will return it to the nearest Social Security Board branch office for disposal.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
DD/MM/YY

### **OFFICIAL USE:**

Control # of Card \_\_\_\_\_

Issued Date of Card \_\_\_\_\_ Expiration Date of Card \_\_\_\_\_  
DD/MM/YY DD/MM/YY

Signature of Customer Service Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for approval/non-approval \_\_\_\_\_  
\_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_