



Card Pick Up Authorization Form

I, _____ with Social Security Number

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Enter all 9 digits (if already registered)

residing at _____
House Number and Street Name City / Town/ Village /District

hereby authorize _____ with Social Security Number

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Enter all 9 digits (if already registered)

OR photo ID#

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to collect my Social Security card on my behalf as I am unable to collect it personally.

Signature: _____ Date: ____/____/____ Phone No. _____
Day Month Year

IF YOU ARE UNABLE TO SIGN THIS FORM YOURSELF, IT MAY BE SIGNED ON YOUR BEHALF BY SOMEONE ELSE WHO IS NOT THE AUTHORIZED PERSON APPEARING BELOW. THIS SIGNATURE MUST BE VALIDATED BY A JUSTICE OF THE PEACE OR BY A SOCIAL SECURITY OFFICER BELOW.

Signature: _____ Date: ____/____/____ Phone No. _____
Day Month Year

J.P. or SSB Officer Signature: _____ Date: ____/____/____
(If Applicable) Day Month Year

Authorized Person

I, _____ with Social Security Number

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Enter all 9 digits (if already registered)

OR photo ID#

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residing at _____ hereby agree to accept the authority to
House Number and Street Name City / Town/ Village /District

collect the Social Security registration card on behalf of the above signatory for as long as I remain so authorized.

Signature: _____ Date: ____/____/____ Phone No. _____
Day Month Year

Acceptable photo identification for card pick up:

- * Social Security Registration Card
- * Passport
- * Voters’ Registration Card
- * Drivers’ License

Note: Social Security (Registration of Employer & Employed Persons) Regulation 18 (1) Unlawful Possession of a registration card:
Except as provided in these Regulations or with the written permission of the Manager no person shall keep in his possession a social security registration card which relates to another person.