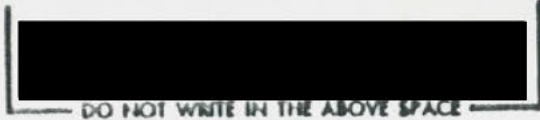


APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
(Or Replacement of Lost Card)

Information Furnished On This Form is CONFIDENTIAL



Read Instructions on Back Before Filling in Form. Print in Dark Ink or Use Typewriter.

| | | | | | |
|--|---------------------|-------------------|--|---|--|
| 1 PRINT FULL NAME YOU USE IN WORK OR BUSINESS | | | (First Name) | (Middle Name or Initial — If none, draw line —) | (Last name) |
| 2 PRINT FULL NAME GIVEN YOU AT BIRTH | | | SAME | | 3 DATE OF BIRTH (Month) (Day) (Year) Aug. 24, 1945 |
| 4 PLACE OF BIRTH | (City) Elizabeth | (County) Union | (State) N. J. | 5 AGE ON LAST BIRTHDAY 14 | 6 SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> 7 COLOR OR RACE: WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER <input type="checkbox"/> |
| MOTHER'S FULL NAME <u>AT HER BIRTH</u> | | | 9 FATHER'S FULL NAME (Regardless of whether living or dead) | | |
| 10 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? | | | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DONT KNOW <input type="checkbox"/> |
| 11 PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT | | | 12 IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN | | |
| 12 MAILING ADDRESS | | | 13 ARE YOU NOW— EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> UNEMPLOYED <input checked="" type="checkbox"/> | | |
| 13 TODAY'S DATE 8/22/60 | | | 14 Write YOUR NAME AS YOU USUALLY WRITE IT. (Do Not Print or Type—Use Dark Ink) Malcolm Michaels | | |



SOCIAL SECURITY

Refer to:
TASC: OH4565

January 26, 2001

Mr. John Kearns
[REDACTED]

New York, NY 10014

RE: Malcolm Michaels
SSN: [REDACTED]

Dear Mr. Kearns:

I am enclosing a copy of the original application for a Social Security number for the above individual, as requested. We have deleted Mr. Michaels' parents' names because they may still be living. We do not release information about living persons without their written consent.

When we receive a request for personal information from our records, we must balance the public interest in making the information known against the individual's right to privacy. I have not been able to find that disclosing this information would benefit the public to a degree that would outweigh the individual's privacy interests. This policy is consistent with the Freedom of Information Act, which exempts from its requirements any disclosure that would constitute a clearly unwarranted invasion of personal privacy (5 U.S.C. §552(b)(6)).

If you disagree with this decision, you may request a review. Any appeal should be mailed within 30 days of receipt of this letter to the Associate Commissioner for the Office of Program Support, Social Security Administration, 6401 Security Boulevard, Baltimore, Maryland 21235-6401 in an envelope marked "Freedom of Information Appeal."

If you can provide proof of death, such as a death certificate or obituary for his parents, and if there is enough information available to us to determine that the proof of death refers to the same individuals shown on this document, we can disclose this information.

Thank you for your payment to cover the cost of searching our records.

Sincerely,

A handwritten signature in cursive script that reads "Darrell Blevins".

Darrell Blevins
Freedom of Information Officer

Enclosure