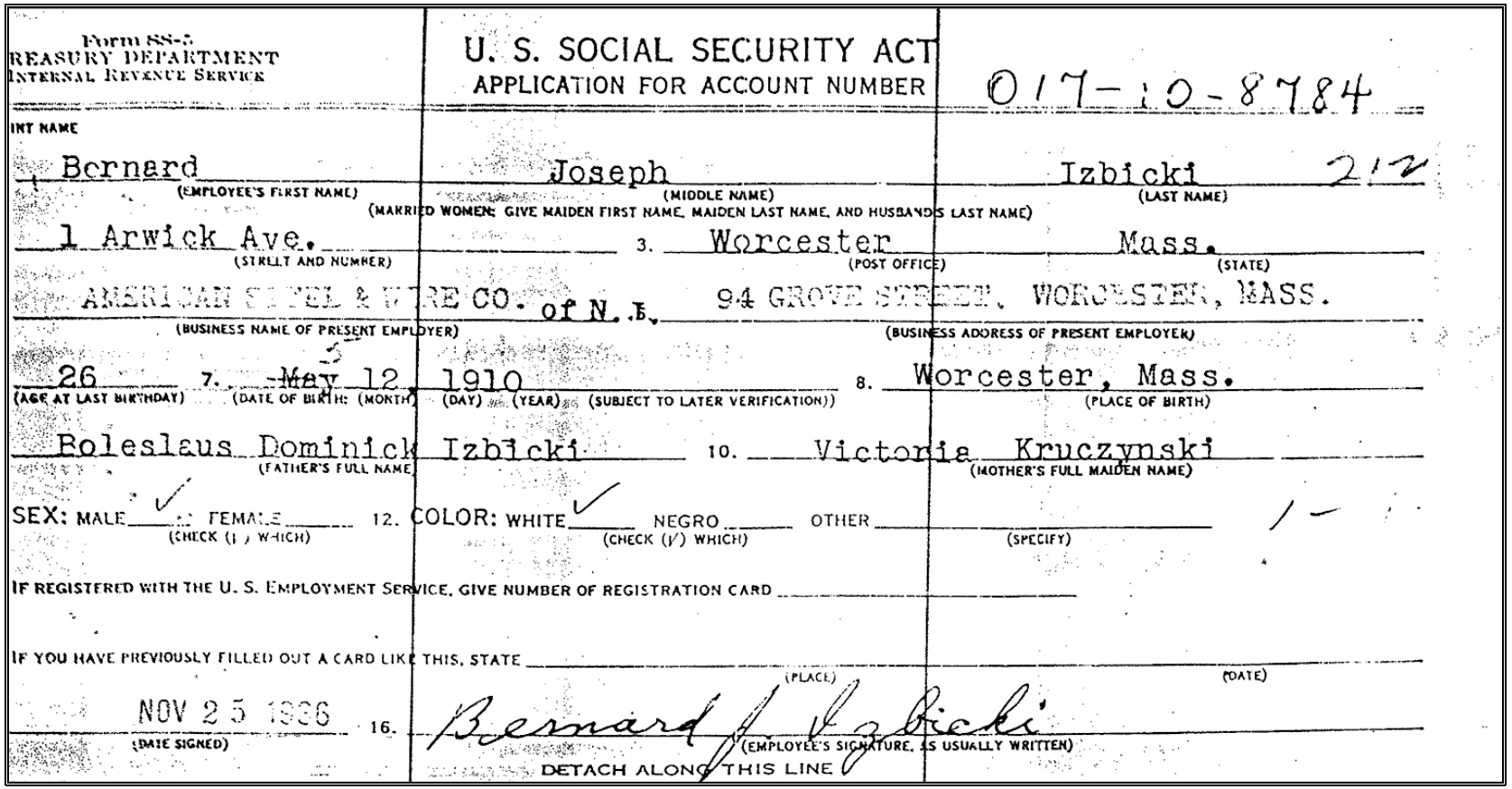
Application for Social Security Account Number (SS-5)
Bernard Joseph Izbicki



Form SS-5
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

U. S. SOCIAL SECURITY ACT
APPLICATION FOR ACCOUNT NUMBER 017-10-8784

FULL NAME

1. Bernard (EMPLOYEE'S FIRST NAME) Joseph (MIDDLE NAME) Izbicki (LAST NAME) 212
(MARRIED WOMEN: GIVE MAIDEN FIRST NAME, MAIDEN LAST NAME, AND HUSBAND'S LAST NAME)

2. 1 Arwick Ave. (STREET AND NUMBER) 3. Worcester (POST OFFICE) Mass. (STATE)

4. AMERICAN STEEL & WIRE CO. of N. J. (BUSINESS NAME OF PRESENT EMPLOYER) 94 GROVE STREET, WORCESTER, MASS. (BUSINESS ADDRESS OF PRESENT EMPLOYER)

5. 26 (AGE AT LAST BIRTHDAY) 6. May 12 (DATE OF BIRTH: MONTH) 1910 (YEAR) (SUBJECT TO LATER VERIFICATION) 8. Worcester, Mass. (PLACE OF BIRTH)

9. Boleslaus Dominick Izbicki (FATHER'S FULL NAME) 10. Victoria Kruczynski (MOTHER'S FULL MAIDEN NAME)

11. SEX: MALE ✓ (CHECK (✓) WHICH) FEMALE ____ 12. COLOR: WHITE ✓ (CHECK (✓) WHICH) NEGRO ____ OTHER ____ (SPECIFY)

IF REGISTERED WITH THE U. S. EMPLOYMENT SERVICE, GIVE NUMBER OF REGISTRATION CARD ____

IF YOU HAVE PREVIOUSLY FILLED OUT A CARD LIKE THIS, STATE ____ (PLACE) ____ (DATE)

NOV 25 1936 (DATE SIGNED) 16. Bernard J. Izbicki (EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)

DETACH ALONG THIS LINE

Bernard Joseph Izbicki, SSN 017-10-8784, Form SS-5 Application for Social Security Account Number, United States Social Security Administration

Application for Social Security Account Number (SS-5)
Bernard Joseph Izbicki

Form SS-5
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

U.S. SOCIAL SECURITY ACT
APPLICATION FOR ACCOUNT NUMBER

017-10-8784

PRINT NAME

1. Bernard (EMPLOYEE'S FIRST NAME) Joseph (MIDDLE NAME) Izbicki (LAST NAME) 212

(MARRIED WOMEN: GIVE MAIDEN FIRST NAME, MAIDEN LAST NAME, AND HUSBAND'S LAST NAME)

2. 1 Arwick Ave. (STREET AND NUMBER) 3. Worcester (POST OFFICE) Mass. (STATE)

4. AMERICAN STEEL & WIRE CO. of N.E. (BUSINESS NAME OF PRESENT EMPLOYER) 5. 94 GROVE STREET, WORCESTER, MASS. (BUSINESS ADDRESS OF PRESENT EMPLOYER)

5

6. 26 (AGE AT LAST BIRTHDAY) 7. ~~May~~ 12, 1910 (DATE OF BIRTH: (MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION) 8. Worcester, Mass. (PLACE OF BIRTH)

9. Boleslaus Dominick Izbicki (FATHER'S FULL NAME) 10. Victoria Kruczynski (MOTHER'S FULL MAIDEN NAME)

11. SEX: MALE ✓FEMALE (CHECK (✓) WHICH) 12. COLOR: WHITE ✓ NEGRO OTHER (CHECK (✓) WHICH) 1-1

13. IF REGISTERED WITH THE U. S. EMPLOYMENT SERVICE, GIVE NUMBER OF REGISTRATION CARD

14. IF YOU HAVE PREVIOUSLY FILLOUT OUT A CARD LIKE THIS, STATE (PLACE) (DATE)

15. NOV 25 1936 (DATE SIGNED) 16. [Signed] Bernard J. Izbicki (EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)

DETACH ALONG THIS LINE

Bernard Joseph Izbicki, SSN 017-10-8784, Form SS-5 Application for Social Security Account Number, United States Social Security Administration