

# Application for Social Security Account Number (SS-5)

## Anastasia Rita Meleski

CZ

Form SS-5  
TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE  
(Revised August 1963)

### APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER

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

013-22-3601

DO NOT WRITE IN THE ABOVE SPACE

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. ANASTASIA MELESKI 420  
First Name Middle Name Last Name

2. 5 BEAVER ST. WORCESTER ANASTASIA RITA MELESKI  
Present Mailing Address (Number and Street) (City) (State) Enter Full Name Given You at Birth

3. 33 FEB 22 1911 WORCESTER, WORCESTER MASS  
Age at Last Birthday Date of Birth (Month) (Day) (Year) Place of Birth (City) (County) (State)

7. JOSEPH MELESKI MRS. KATHERINE WARCHOL  
Father's Full Name, Regardless of Whether Living or Dead Mother's Full Name, Before Ever Married, Regardless of Whether Living or Dead

8.  MALE  FEMALE  OTHER  WHITE  NEGRO  OTHER (Specify) \_\_\_\_\_

9. HAVE YOU EVER BEFORE APPLIED FOR OR HAD (MARK WITH CHECK)  
 (A) SOCIAL SECURITY ACCOUNT NUMBER  YES  NO  
 (B) RAILROAD RETIREMENT NUMBER  YES  NO

12. CITY OF WORCESTER, WELFARE DEPARTMENT WORC. MASS.  
Business Name and Address of Employer, If Unemployed, Write "UNEMPLOYED" (Number and Street) (City) (State)

13. 1/15/45 14. A. Rita Meleski  
Signer's Date Write Your Name as Usually Written (Do Not Print) Use Black or Dark Blue Ink

DO NOT WRITE IN THIS SPACE

RETURN COMPLETED APPLICATION TO OR SECURE INFORMATION ON HOW TO FILL IN APPLICATION FROM NEAREST SOCIAL SECURITY BOARD FIELD OFFICE. THE ADDRESS CAN BE OBTAINED FROM LOCAL POST OFFICE

16-5429-01

*Anastasia Rita Meleski, SSN 013-22-3601, Form SS-5 Application for Social Security Account Number,  
United States Social Security Administration*

# *Application for Social Security Account Number (SS-5)*

## *Anastasia Rita Meleski*

<p>Form SS-5 TREASURY DEPARTMENT INTERNAL REVENUE SERVICE (Revised August 1945)</p>	<p><b>APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM</b></p>	<p>CL <b>013-22-3601</b> DO NOT WRITE IN THE ABOVE SPACE</p>
<p>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."</p>		
<p>1. FIRST NAME MIDDLE NAME (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE ----) LAST NAME <u>SHOW NAME YOU GAVE YOUR PRESENT EMPLOYER, OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED</u></p> <p>2. PRESENT MAILING ADDRESS (NUMBER AND STREET) (CITY) (STATE)</p> <p>3. ENTER <u>FULL NAME FIVEN YOU AT BIRTH</u></p> <p>4. AGE AT LAST BIRTHDAY</p> <p>5. DATE OF BIRTH (MONTH) (DAY) (YEAR)</p> <p>6. PLACE OF BIRTH (CITY) (COUNTY) (STATE)</p> <p>7. FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD</p> <p>8. MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD</p> <p>9. SEX: (MARK (X) WHICH) MALE FEMALE</p> <p>10. COLOR OR RACE (MARK (X) WHICH) WHITE NEGRO OTHER (SPECIFY)</p> <p>11. HAVE YOU EVER BEFORE APPLIED FOR OR HAD (MARK (X) WHICH) (A) SOCIAL SECURITY ACCOUNT NUMBER (B) RAILROAD RETIREMENT NUMBER IF ANSWER IS "YES," ENTER PLACE AND DATE OF ORIGINAL APPLICATION</p> <p>12. BUSINESS NAME AND ADDRESS OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED." (NUMBER AND STREET) (CITY) (STATE)</p> <p>13. TODAY'S DATE</p> <p>14. <u>WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)</u> USE BLACK OR DARK BLUE INK</p>	<p>ANASTASIA RITA MELESKI      420</p> <p>5 BEAVER ST. WORCESTER ANASTASIA RITA MELESKI 33 FEB. 22, 1911 WORCESTER, WORCESTER, MASS JOSEPH MELESKI U. KATHERINE WARCHOL</p> <p>FEMALE WHITE</p> <p>SOCIAL SECURITY ACCOUNT NUMBER</p> <p>CITY OF WORCESTER WELFARE DEPARTMENT – WORC. MASS. 1/15/45 [Signed] A. Rita Meleski      21</p>	<p>DO NOT WRITE IN THIS SPACE</p>
<p>RETURN COMPLETED APPLICATION TO OR SECURE INFORMATION ON HOW TO FILL IN APPLICATION FROM NEAREST SOCIAL SECURITY BOARD FIELD OFFICE. THE ADDRESS CAN BE OBTAINED FROM LOCAL POST OFFICE.</p>		
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*Anastasia Rita Meleski, SSN 013-22-3601, Form SS-5 Application for Social Security Account Number,  
United States Social Security Administration*