

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

Walter William Dymek

ASSOCIATED DEPARTMENT FEDERAL REVENUE SERVICE W	U. S. SOCIAL SECURITY ADMINISTRATION APPLICATION FOR ACCOUNT NUMBER	034-09-3378
NAME 1. <u>Walter</u> (EMPLOYEE'S FIRST NAME) <u>William</u> (MIDDLE NAME) <u>Dymek</u> (LAST NAME)		
(MARRIED WOMEN: GIVE MAIDEN FIRST NAME, MAIDEN LAST NAME, AND HUSBAND'S LAST NAME)		
2. <u>81 Endicott Street</u> (STREET AND NUMBER) 3. <u>Worcester Mass</u> (POST OFFICE) (STATE)		
4. <u>Acade Malleable Iron Co</u> (BUSINESS NAME OF PRESENT EMPLOYER) 5. <u>Albany Street Worcester Mass</u> (BUSINESS ADDRESS OF PRESENT EMPLOYER)		
6. <u>24</u> (AGE AT LAST BIRTHDAY) 7. <u>12 28 11</u> (DATE OF BIRTH: (MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION)) 8. <u>Worcester Mass</u> (PLACE OF BIRTH)		
9. <u>Stanley Dymek</u> (FATHER'S FULL NAME) 10. <u>Francis Ksepka</u> (MOTHER'S FULL MAIDEN NAME)		
11. EX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> (CHECK (X) WHICH) 12. COLOR: WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> OTHER <input type="checkbox"/> (CHECK (X) WHICH) (SPECIFY)		
REGISTERED WITH THE U. S. EMPLOYMENT SERVICE, GIVE NUMBER OF REGISTRATION CARD _____		
YOU HAVE PREVIOUSLY FILLED OUT A CARD LIKE THIS, STATE _____ (PLACE) _____ (DATE)		
13. <u>Dec 11, 1936</u> (DATE SIGNED) 16. <u>Walter Dymek</u> (EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)		
DETACH ALONG THIS LINE		

Walter William Dymek, SS no. 034-09-3378, 11 December 1936, Application for Account Number (Form SS-5), Social Security Administration, Baltimore, Maryland.

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

Walter William Dymek

Form SS-5 TREASURY DEPARTMENT INTERNAL REVENUE SERVICE	U.S. SOCIAL SECURITY ACT APPLICATION FOR ACCOUNT NUMBER	034-09-3378
PRINT NAME		
1. Walter (EMPLOYEE'S FIRST NAME)	William (MIDDLE NAME)	Dymek (LAST NAME)
(MARRIED WOMEN: GIVE MAIDEN FIRST NAME, MAIDEN LAST NAME, AND HUSBAND'S LAST NAME)		
2. 81 Endicott Street (STREET AND NUMBER)	3. Worcester Mass (POST OFFICE)	(STATE)
4. Arcade Malleable Iron Co (BUSINESS NAME OF PRESENT EMPLOYER)	5. Albany Street Worcester Mass (BUSINESS ADDRESS OF PRESENT EMPLOYER)	
6. 26 (AGE AT LAST BIRTHDAY)	7. 12 28 11 (DATE OF BIRTH: (MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION))	8. Worcester Mass (PLACE OF BIRTH)
9. Stanley Dymek (FATHER'S FULL NAME)	10. Frances Ksepka (MOTHER'S FULL MAIDEN NAME)	
11. SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> (CHECK (v) WHICH)	12. COLOR: WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> OTHER _____ (CHECK (v) WHICH) (SPECIFY)	1-1
13. IF REGISTERED WITH THE U. S. EMPLOYMENT SERVICE, GIVE NUMBER OF REGISTRATION CARD _____		
14. IF YOU HAVE PREVIOUSLY FILLED OUT A CARD LIKE THIS, STATE _____ (PLACE) (DATE)		
15. Dec 11,1936 (DATE SIGNED)	16. [signed] Walter Dymek (EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)	
DETACH ALONG THIS LINE		

Walter William Dymek, SS no. 034-09-3378, 11 December 1936, Application for Account Number (Form SS-5), Social Security Administration, Baltimore, Maryland.