

SS-5 Application for Social Security and Tax Account Number
 Mary Golinski

APPLICATION FOR SOCIAL SECURITY AND TAX ACCOUNT NUMBER
 (Or Replacement of Lost Card) **APR 05 1965** 033-38-4218

ORIGINAL FILED FOR DEATH CONFIDENTIAL
 DO NOT WRITE IN THE ABOVE SPACE

1 **ONE FULL NAME YOU WILL USE IN WORK OR BUSINESS** (First Name) (Middle Name or Initial) (Last Name) MARY — DAN Golinski

2 **ONE FULL NAME GIVEN YOU AT BIRTH** Mary — Danko 3 **DATE OF BIRTH** (Month) (Day) (Year) 9/10/1927

4 **PLACE OF BIRTH** (City) (County) (State) Austria Poland 5 **AGE ON LAST BIRTHDAY** 77 6 **SEX** (Male) (Female) 7 **COLOR OF HAIR** (Blue) (Brown) (Black) (Other)

8 **MOTHER'S FULL NAME AT HER BIRTH** (Her maiden name) Agnes Sawa 9 **FATHER'S FULL NAME** (Regardless of whether living or dead) Jacob Danko

10 **HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY, RAILROAD, OR TAX ACCOUNT NUMBER?** YES NO DON'T KNOW IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN (State) (Date) MASS JAN 53

11 **PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT** (Account Number)

12 **YOUR MAILING ADDRESS** (Street - and Street) (City) (State) Sullivan Place Milbury Mass **DATE-1965**

13 **TODAY'S DATE** 1/18/65 **Sign YOUR NAME AS YOU USUALLY WRITE IT.** (Have you completed all 13 items?) Mary Golinski

TREASURY DEPARTMENT Internal Revenue Service Form SS-5 (Revised 7-63) Bureau completed application to nearest SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE

5-11