NO SSN Declaration for Adults

To Whom It Ma	y Concern:
I,	, (print full name) declare under
penalty of perju	ry under the laws of the United States of America that the
following is true	e and correct: I have never been issued a Social Security Number
by the Social Se	curity Administration.
Executed on:	
	(Date)
Signature:	
-	(Sign using full name as indicated on the passport application)