

U.S. DEPARTMENT OF LABOR
BUREAU OF LABOR RELATIONS
SOCIAL SECURITY SYSTEM
PERSONAL RECORD
FOR STAMPS AND COPIES

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SEX: _____
MARRIAGE: _____

EMPLOYER: _____
ADDRESS: _____

DATE OF ENTRY: _____
REASON FOR ENTRY: _____

DATE OF DEPARTURE: _____
REASON FOR DEPARTURE: _____

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