

How to obtain the Social Security Number/Card

Monday to Friday
8:00 am to 11:00 am.
Telephone: 069-90-555-1100 Email:
fbu.frankfurt@ssa.gov

Consulate Frankfurt Attn:
SSA/FBU Gießener Str. 30
60435 Frankfurt am Main

*****We can accept only certain documents as proof of U.S. citizenship. These include a U.S. birth certificate or a U.S. passport. *****

Items to send (for Newborns) to the address above:

- *Certified copy of military ID cards
- *Certified copy of Consular Birth Abroad Certificate
- *Certified Copy of Passport
- *Form SS-5 Application for a Social Security Card

***Don't forget to certify your mail and keep track of it due to your enclosed PU (Personal Identifiable Information).**

Name change: If you need to change your name on your Social Security card, you must show us a recently issued document as proof of your legal name change. Your new card will have the same number as your previous card but will show your new name. Documents that Social Security may accept to prove a legal name change include:

- Marriage document
- Divorce decree
- Certificate of Naturalization showing the new name
- Court order approving the name change.

We can accept only certain documents as proof of identity. An acceptable document must be current (not expired) and show your name, identifying information (date of birth or age) and preferably a recent photograph. For example, as proof of identity Social Security must see your:

- U.S. driver's license
- State-issued non-driver identification card
- U.S. passport.

If the document you provide as evidence of a legal name change does not give us enough information to identify you in our records or if you changed your name more than two years ago (four years ago if you are under 18 years of age), you must show us an identity document in your prior name (as shown in our records). We will accept an identity document in your old name that has expired.

If you do not have an identity document in your prior name, we may accept an unexpired identity document in your new name, as long as we can properly establish your identity in our records.

Application for a Social Security Card

1	NAME TO BE SHOWN ON CARD		First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
2	Social Security number previously assigned to the person listed in item 1			<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3	PLACE OF BIRTH (Do Not Abbreviate) City _____ State or Foreign Country _____			Office Use Only FCI	4 DATE OF BIRTH MM/DD/YYYY _____
5	CITIZENSHIP (Check One)	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)	<input type="checkbox"/> Other (See Instructions On Page 3)
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian
				<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black/African American
				<input type="checkbox"/> Asian	<input type="checkbox"/> Other Pacific Islander
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First	Full Middle Name	Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)			<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
10	A. PARENT/ FATHER'S NAME		First	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)			<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
12	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card _____ MM/DD/YYYY _____				
14	TODAY'S DATE _____ MM/DD/YYYY _____		15	DAYTIME PHONE NUMBER _____ Area Code _____ Number _____	
16	MAILING ADDRESS (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No. _____		
			City	State/Foreign Country	ZIP Code
17	YOUR SIGNATURE		18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:	
				<input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) _____	

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)							
NPN		DOC		NTI		CAN	
ITV		PBC		EVI		EVA	
EVC		PRA		NWR		DNR	
UNIT		EVIDENCE SUBMITTED					
SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW						DATE	
DCL						DATE	

Federal Benefits Unit Contact Information and Social Security Administration

The Federal Benefits Unit (FBU) is located at the American Consulate General in Frankfurt. If you have specific questions or need more information, the FBU is open to the public:

Monday to Friday 8:00 am to 11:00 am.

Telephone: 069-90-555-1100

Email: fbu.frankfurt@ssa.gov

Consulate Frankfurt Attn:

SSA/FBU Gießener Str. 30

60435 Frankfurt am Main

U.S. Citizen Services in Germany Federal Benefits Unit General Information the Federal Benefits Unit (FBU) administers federal benefits programs from the following federal agencies:

Social Security Administration Department of Veteran Affairs Office of Personnel Management Department of Labor Railroad Retirement Board FBU Contact Information:

Social Security Administration

The Federal Benefits Unit processes Social Security Administration Claims for retirement, disability and survivor benefits, Social Security number applications, all post-entitlement activities affecting beneficiaries under the various programs, i.e., changes of address, issues involving direct deposit of SAA checks, non-receipt of check allegations and death terminations.

If you would like information on how to apply for social security Retirement benefits, or for instructions on how to replace, correct or change your name on your Social-Security Card, see the Social Security Administration (SSA) website. This site also has a downloadable Application form, the (SS-5) and tells you what kind of identification you need to send along with your application form.

FBU office is closed on:

- German and American Holidays Last
- Last Thursday of the month

Checking the Status of your SSN Application:

Note: If you would like to call them to see if they have processed the case, you can use the numbers above. They will not give the SSN over the phone but will provide a printout of it in person. The previous DPO address that was provided for the consulate can range from 3 to 4 additional weeks because the mail was returned to the States and sorted by DPO and then sent to each DPO address. The German address goes directly to the Consulate without delay.

STATUS OF SOCIAL SECURITY NUMBER CARD

Request via email:

fbu.frankfurt@ssa.gov

OR

By telephone: 069-90-555-1100

Monday, Tuesday and Thursday 0900-1100

Provide full name and date of birth. Leave contact info such as your email and telephone number.