To Whom It M	lay Concern:
	(print full name) declare under penalty of the laws of the United States of America that the following is true and correct: I en issued a Social Security Number by the Social Security Administration.
Executed on: _	(DATE)
Signature:	(Sign using full name as indicated on the passport application)
(For m	inors under 15 years old, legal guardian should sign and list relationship)