

DECLARATION UNDER PENALTY OF PERJURY ABOUT NOT HAVING SSN

To be submitted with a passport application in accordance with [16 STATE 107452](#)

Applicant's name/ *Nombre del solicitante*: _____

Date of birth / *fecha de nacimiento*: _____

Place of Birth / *lugar de nacimiento*: _____

To whom it may concern:

I _____ (print full name) declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct: (declaro bajo pena de perjurio, bajo las leyes de Estados Unidos de America que lo siguiente es correcto y verdadero):

- I have never been issued a Social Security Number(nunca me ha sido emitido un número de Seguro Social)
- My child has never been issued a Social Security número (a mi hijo nunca le ha sido emitido un numero de Seguridad Social).

Applicant's signature (age 16 and older)/Firma del solicitante (16 años en adelante)

Signature of mother/father/parent/guardian (age 15 and younger)/Firma del padre/madre/tutor legal (15 años y menores)

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