

U. S. SOCIAL SECURITY ACT
APPLICATION FOR ACCOUNT NUMBER

Form SS-5
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

441-01-2498

625-

PRINT NAME Emil (EMPLOYEE'S FIRST NAME)

South Broadway (STREET AND NUMBER)

Joe (MIDDLE NAME)

Prague (POST OFFICE)

Brozny (LAST NAME)

30 (AGE AT LAST BIRTHDAY)

7 (DATE OF BIRTH: (MONTH))

October (MONTH)

10th (DAY)

1906 (YEAR)

Ernest Frank Brozny (FATHER'S FULL NAME)

10. Bessie Anna Ruzicka (MOTHER'S FULL MAIDEN NAME)

SEX: MALE FEMALE (CHECK (✓) WHICH)

12. COLOR: WHITE NEGRO OTHER (CHECK (✓) WHICH)

IF REGISTERED WITH THE U. S. EMPLOYMENT SERVICE, GIVE NUMBER OF REGISTRATION CARD None

IF YOU HAVE PREVIOUSLY FILLED OUT A CARD LIKE THIS, STATE None (PLACE)

November 24, 1936 (DATE SIGNED)

16. (DATE)

3. 926-8 Grand Ave., Kansas City, Missouri (BUSINESS ADDRESS OF PRESENT EMPLOYER)

3. Collinsville, Tulsa County Okla. (PLACE OF BIRTH)

3. Prague, Oklahoma (STATE)

Emil Brozny (EMPLOYEE'S SIGNATURE AS USUALLY WRITTEN)

DETACH ALONG THIS LINE