



DEPARTMENT OF HEALTH & HUMAN SERVICES

Social Security Administration

Refer to:

Baltimore MD 21235

S5EP3
ML0928

April 20, 1995

Mr. Sam A. Bruno
69 Ivy Lane
Tenafly, New Jersey 07670-2648

Dear Mr. Bruno:

This is in response to your letter requesting information about four individuals.

I am enclosing copies of Applications for a Social Security Number (Form SS-5), for Mr. Jacob Dichner and Mr. Samuel Simon, as you requested.

We are unable to locate a copy of Ms. Lizzie Dichner Simon's original application; however, I am enclosing for your information a copy of a numident printout. The numident printout is a computer-prepared statement containing the personal identifying information given on an individual's application at the time they apply for a Social Security number. For your convenience, I have enclosed an explanation to help you interpret the numident printout.

We are unable to comply with your request for information about Ms. Harriet Simon Hannig as our records do not indicate that she is deceased. When we receive a request for personal information from our records, we must balance the public interest in making the information known against the individual's right to privacy. I have not been able to find that disclosing this information would benefit the public to a degree that would outweigh her privacy interests. This policy is consistent with the Freedom of Information Act, which exempts from its requirements any disclosure that would constitute a clearly unwarranted invasion of personal privacy (5 U.S.C. 552(b)(6)). Under these circumstances, the Privacy Act of 1974 (5 U.S.C. 552a(b)) prohibits disclosure without the individual's written consent.

If you disagree with this decision, you may request a review. Any appeal should be mailed within 30 days of receipt of this letter to the Deputy Commissioner for Programs, Policy, Evaluation and Communications, Social Security Administration, 6401 Security Boulevard, Baltimore, Maryland 21235 in an envelope marked "Freedom of Information Appeal."

Thank you for your money order for \$37.50 to cover the cost of searching our records.

We are not always notified of an individual's death. If you can provide proof of death, we can release a copy of Ms. Hannig's SS-5 at no additional charge.

In regard to any other Social Security records that we may have about these individuals, we would have to request their claim files from the program service center. The records in a claim file may include applications for benefits, military records, marriage records, and birth and death records. However, it is possible that their claim files have been purged of any information that we may have had on them or may already be destroyed. A claim file is ordinarily only retained for five years after the death of the last survivor entitled to benefits on the record. The fee for searching for a claim file is \$14.00 each, 10 cents a page for photocopying material from the claim file, plus actual postage. You will be charged even if we are unable to locate the information you are requesting or if the file has been destroyed. Because our records are confidential any information found in the claim file about living individuals would be deleted.

If you want us to search our records for these individuals' claim files, please send a check or money order for the appropriate fee, made payable to the Social Security Administration, to my attention at 4-C-5 Annex Building, 6401 Security Boulevard, Baltimore, Maryland 21235.

Sincerely,



Vincent Sanudo
Freedom of Information Officer

Enclosures

NUMI DTE:04/20/95 SSN:069-54-6020 XC: UNIT: PG:001+

ACCOUNT SSN:069-54-6020 ETC:0 RFN:74032501406 DOC:109

NAME NAA: LIZZIE , , SIMON

BIRTH DOB:01/31/1887 PLB: , UR FCI:/* SEX:F ETB:1

PARENT MNA: UNKNOWN UNKNOWN

FNA: LOUIS DICKNER

INTERNAL FMC:1 CYD:02/04/74

ACCOUNT SSN:069-54-6020 ETC:S RFN:74110521370 DOC:***

NAME NAA: LIZZIE , , SIMON

BIRTH DOB:01/31/1887 PLB: , UR FCI:/* SEX:F ETB:0

PARENT MNA: MISSING MISSING

FNA: LOUIS DICHNER

INTERNAL FMC:2 CYD:05/16/74

NUMI DTE:04/20/95 SSN:069-54-6020 XC: UNIT:CW PG:002

ACCOUNT SSN:069-54-6020 ETC:T RFN:87090100000

NAME NAA: LIZZIE , , SIMON

BIRTH DOB:01/31/1887 SEX:U

INTERNAL DOD:10/00/1981 RIC:2 CYD:12/29/87

How to Interpret a Computer-Prepared Statement Showing
Information From an Application For a Social Security Number (SSN)

MSG-6000000 DTE-00/00/00 NUMI SSN-0000000000 XC- ID-T0000 UN-- PG-001
ACCOUNT SSN:000-00-0000 ETC:0 RFN:000000000000 DOC:000 IDN:0
NAME NAA: JANE DOE
NL2: JANE D SMITH
NL3: JANET E SMITH
BIRTH DOB:00/00/0000 PDB:00/00/0000 PLB:DOVER, DE FCI: SEX:F EIB:1
PARENT MNA: MARY JONES
FNA: JOHN SMITH
INTERNAL CLD:00/00/00 DOA: FLINT, VA DFI:1 DOD:00/00/00 DOO:00/00/00
CYD:00/00/00

NOTE: Some of the items shown in the above example may not appear on the statement for the SSN in question.

- ① Social Security number
- ② Name appearing on line 1 of the application
- ③ Name on last previously issued SSN card, name at birth or other name used, prioritized in that order
- ④ Same as item 3, a continuation of the priority order
- ⑤ Date of birth
- ⑥ Prior date of birth
- ⑦ Place of birth (City and State or foreign country)
- ⑧ Foreign country indicator (will be displayed as an asterisk)
- ⑨ M = Male F = Female U = Unknown
- ⑩ Race/Ethnic information: 0 = Unknown 1 = White 2 = Negro/Black
3 = Other 4 = Asian 5 = Hispanic 6 = Northern American Indian
or Alaskan Native
- ⑪ Mother's name at birth
- ⑫ Father's name at birth
- ⑬ The date the SSN record was established or corrected

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21235

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