



GEORGIA DEPARTMENT OF CORRECTIONS

*Prison
Prison Address*



Brian P. Kemp
Governor

*Warden's Name
Warden*

Timothy C. Ward
Commissioner

CERTIFICATION OF PRISON RECORDS

DATE: _____

INMATE NAME: _____

INMATE ID: _____

SOCIAL SECURITY NUMBER: _____

SOCIAL SECURITY ADMINISTRATION

Street address

City, State and Zip

Attached please find a completed Form SS-5 (Application for Social Security Number) requesting a replacement Social Security Number card for the above named individual.

I, the undersigned, certify that I have reviewed appropriate documents in the above named inmate's official prison record and that the identifying information shown below is accurate to that record:

NAME _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

MOTHER'S MAIDEN NAME: _____

FATHER'S NAME: _____

Other Names used by Inmate:

Other Social Security Numbers used by Inmate:

If you have any further questions, please contact me between the hours of 8:00 am to 4:00 pm.
My telephone number is _____.

Printed name of Counselor

Signature

OMB Control Number 0960-0688

Retention Schedule: Upon completion, this form shall be placed in the TOPPSTEP packet in the offender's institutional file, and the file shall be retained according to the official retention schedule for that file.