



SOCIAL SECURITY

Refer to:
TAG YY5640

November 25, 1998

Mr. Scott Ashmead
716 Wissahickon Avenue
Lansdale, PA 19446

RE: Samuel Ashmead
SSN: 163-09-7660

Dear Mr. Ashmead:

I am enclosing a copy of the original application for a Social Security number for the above individual, as requested.

Thank you for your payment to cover the cost of searching our records.

Sincerely,

Darrell Blevins
Freedom of Information Officer

Enclosure

Social Security Administration
Office of Central Records Operations
FOIA Workgroup
P.O. Box 17772
300 N. Greene Street
Baltimore, Maryland 21290

Re: Freedom of Information Act Request

Dear Freedom of Information Officer,

I am writing this request under the Freedom of Information Act, 5 U.S.C. Section 552. I hereby request the Social Security File (including the SS-5, Application for Social Security Card) for the following individual:

ASHMEAD, SAMUEL
163-09-7660
Birth: 6 May 1895
Death: Nov 1974

This individual is deceased, having been listed in the Social Security Administration's Death Master File. I understand the fee for this service is \$7.00 when the Social Security Number is provided. Included is a check for \$_____ made out to the Social Security Administration to cover any administrative costs required by this request.

Please respond to my request upon receipt of this initial correspondence. Thank you for your attention and assistance.

Sincerely,

Address:

Daytime Phone Number:

U. S. SOCIAL SECURITY ACT
APPLICATION FOR ACCOUNT NUMBER

163-097660

1. PRESENT NAME
 (EMPLOYEE'S FIRST NAME) Samuel (MIDDLE NAME) Bassett (LAST NAME) Ashmead 253

2. (MARRIED WOMEN: GIVE MAIDEN FIRST NAME, MAIDEN LAST NAME, AND HUSBAND'S LAST NAME)
 238 W. Durand (STREET AND NUMBER) 3. Phila (POST OFFICE) Penn (STATE)

4. Cherry-Burrell Corp (BUSINESS NAME OF PRESENT EMPLOYER) 5. 2324 Market St. Phila. Pa. (BUSINESS ADDRESS OF PRESENT EMPLOYER)

6. 41 (AGE AT LAST BIRTHDAY) 7. May 6 1895 (DATE OF BIRTH: MONTH, DAY, YEAR) (SUBJECT TO LATER VERIFICATION) 8. Bridgeton, N.J. (PLACE OF BIRTH)

9. Joseph H. Ashmead (FATHER'S FULL NAME) 10. Viola B. Ashmead (MOTHER'S FULL MAIDEN NAME)

11. SEX: MALE FEMALE (CHECK (X) WHICH) 12. COLOR: WHITE NEGRO (CHECK (X) WHICH) OTHER (SPECIFY) //

13. IF REGISTERED WITH THE U. S. EMPLOYMENT SERVICE, GIVE NUMBER OF REGISTRATION CARD not registered

14. IF YOU HAVE PREVIOUSLY FILLED OUT A CARD LIKE THIS, STATE NOT APPLICABLE (PLACE DATE)

15. Nov. 25, 1936 (DATE SIGNED) 16. J. B. Ashmead (EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)

17. SIGN ALONG THIS LINE