

U. S. SOCIAL SECURITY ACT *304-01-7957*
APPLICATION FOR ACCOUNT NUMBER

164

1. PRINT NAME
Arthur Emile Chevrolet

(EMPLOYEE'S FIRST NAME) (MIDDLE NAME) (LAST NAME)

(MARRIED WOMEN: GIVE MAIDEN FIRST NAME, MAIDEN LAST NAME, AND HUSBAND'S LAST NAME)

2. 316 West 39th St. 3. Indianapolis Indiana

(STREET AND NUMBER) (POST OFFICE) (STATE)

4. National Motors Corp. 5. R.R. 3 Box 27 Indianapolis Indiana

(BUSINESS NAME OF PRESENT EMPLOYER) (BUSINESS ADDRESS OF PRESENT EMPLOYER)

6. 52 7. April 21 1884 8. Switzerland

(AGE AT LAST BIRTHDAY) (DATE OF BIRTH: (MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION)) (PLACE OF BIRTH)

9. Joseph Felicien Chevrolet 10. Angeline Mahon

(FATHER'S FULL NAME) (MOTHER'S FULL MAIDEN NAME)

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

13. IF REGISTERED WITH THE U. S. EMPLOYMENT SERVICE, GIVE NUMBER OF REGISTRATION CARD _____

14. IF YOU HAVE PREVIOUSLY FILLED OUT A CARD LIKE THIS, STATE _____ (DATE)

15. Dec. 7th 1936 16. *A. Chevrolet*
(DATE SIGNED) (EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)

DETACH ALONG THIS LINE