



This card is the official verification of your Social Security number.
Please sign it right away. Keep it in a safe place.
Improper use of this card or number by anyone is punishable by fine,
imprisonment or both.

This card belongs to the Social Security Administration and you must
return it if we ask for it.

If you find a card that isn't yours, please return it to:
Social Security Administration
P.O. Box 17087, Baltimore, MD 21235

For any other Social Security business/information, contact your
local Social Security office. If you write to the above address for any
business other than returning a found card, it will take longer for us
to answer your letter.

Social Security Administration
Form SSA-3000 (1-94)(Formerly OA-702)

C88100796

1516219033151 258001

\$14.00
19033-151-258
HD01

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www.wisconsin.dmv.gov

CLASS: D-Non-Commercial Vehicles RESTRICTIONS: Corrective Lenses

Anatomical Gift Statement - Upon my death, I wish to donate:

All organs, tissues or eyes. I refuse to make an anatomical gift.

Except:

Signature: _____

Date: _____

WI