

NORTH CAROLINA
ROCKINGHAM COUNTY

**AFFIDAVIT OF INELIGIBILITY
TO OBTAIN A
SOCIAL SECURITY NUMBER**

I, _____, appearing before the undersigned and being duly sworn, say that:
I have not been issued a social security number by the United States Government and I am
ineligible to obtain a social security number.

Affiant

Sworn to (or affirmed) and subscribed
before me this _____ day of
_____, _____

_____(SEAL)
Notary Public

My Commission Expires: _____
or

Register of Deeds
By: Assistant/Deputy Register of Deeds