

ARCHDIOCESE OF GALVESTON-HOUSTON APPLICATION FOR PENSION

In order to process your request, you must return your application, copy of your proof of age and a copy of your earnings history report.

Full Name:	Social Security Numl	Social Security Number:	
Address:			
City/State/Zip:			
E-mail address:			
List all work history	within the Archdiocese of Galveston-Houston	below:	
Location	Hire Date	Last Day	
Please send a copy of	one acceptable proof of age document list	ted below:	
	D: 41 C 41C 4		
	Birth Certificate Driver's License		
	Passport		
	•		
Please include a copy of your earnings h	nistory statement from the social security	administration. You may	
obtain your earnings history several ways:		100 may	
	vww.socialsecurity.gov; Select: View Earni go to the Social Security Office and reques		
Statement.	go to the Social Security Office and reques	t your Earnings History	
2 1010-11-11			
IF ALL REQUIRED DOCUMENT	S ARE NOT COMPLETED AND SUBM	HTTED CORRECTLY	
~	ETURNED TO YOU AND THIS WILL	,	
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FLEASE NOTE: IT TAKES AFFROX	IMATELY 10 TO 1 2 WEEKS TO PROCI	ESS ALL APPLICATIONS	
Signature:	Date		
Digitatio.			
	Mailing address:		

Archdiocese of Galveston- Houston
Pension
PO Box 907
Houston, TX 77001