

Congratulations!



Here is some helpful information on changing your identification documents:

Birth Certificate – You will want to start here.

Along with your certified court order, you will need to submit a Birth Certificate Application, which is attached, a copy of your driver's license or identification card, and a check or money order for \$60, to the Office of Vital Records and Statistics to the mailing address at the bottom of the form.

For further explanation, you can refer to the Utah Health Department Office of Vital Records and Statistics online at <https://vitalrecords.health.utah.gov/forms-and-links>

Passport –

You will need to complete and submit:

1. Application for U.S. Passport (Form DS-11, which is attached);
2. Proof of U.S. Citizenship;
3. Proof of Identity (such as a previous U.S. Passport, a Driver's License, a Certificate of Naturalization, Military Identification, or a Government Employee Identification Card). You must present the original AND provide a photocopy of the front and back side with your application;
4. A recent color photograph 2x2 inches in size;
5. A certified copy of your Court Order;
6. Fees--you can calculate your fees using the following link:
<https://travel.state.gov/content/travel/en/passports/how-apply/fees.html>

Take these documents and fees in person to any Passport Acceptance Facility. To find the acceptance facility closest to you, visit the State Department's website, Passport Acceptance Facility Search Page, at <http://iafdb.travel.state.gov> or call the National Passport Information Center at 1-877-487-2778.

You can also reference the attached informational packet from the National Center for Transgender Equality.

Social Security -

Social Security will require a certified copy of your court order and a copy of your new birth certificate along with form SS-5, which is attached.

Driver's License -

The process for updating your driver's license is explained at the following link:
<https://dld.utah.gov/adult-replacement/>

In addition to the website information, we would also encourage you to go to one of the DLD facilities in person in Salt Lake County as they are more likely to have experience with name and gender changes.

Thank you for having us represent you. We love doing this work. Please let us know if there is ever anything else we can do to help.

Warm Regards,

Wharton Law Office



BIRTH CERTIFICATE APPLICATION

GENERAL INFORMATION

Birth Records are available from 1905 - present.
Certificates may be ordered online at vitalrecords.utah.gov.
Please read this application carefully. It is a criminal violation to make false statements on this application or to fraudulently obtain a vital records certificate.
All fees paid are non-refundable. If required information is missing from this application, applicant will have 90 days to provide missing information.

CHECKLIST

- This application is fully completed.
- Payment is ready // **Mail: Check or Money Order to 'Vital Records' is enclosed**
- My ID is ready. (See reverse for ID list) // **Mail: Copy of ID enclosed**

IDENTIFYING INFORMATION

FULL NAME FOR CERTIFICATE _____

BIRTH DATE _____ BIRTH CITY AND COUNTY _____

HOSPITAL OR PLACE OF BIRTH _____

PARENT 1 FULL NAME _____ BIRTH DATE _____

PARENT 2 FULL NAME _____ BIRTH DATE _____

APPLICANT

Relationship to certificate holder: Self Parent Sibling Spouse Child Grandparent Grandchild
 Other (requires documentary proof of relationship or legal need) Specify: _____

PRINTED NAME _____ PHONE _____

ADDRESS _____

EMAIL ADDRESS _____

NUMBER OF CERTIFICATES _____ 1 Search (non-refundable) includes 1 certified copy _____ \$22 +
_____ Additional certified copies (\$10 each) _____ =

TOTAL FEE _____

SIGNATURE _____ DATE _____

OFFICE USE ONLY

ID # _____ ID Exp _____ Request # _____

Paid: Check Money Order Cash Credit Card Account

Clerk Initials _____

ACCEPTABLE IDENTIFICATION LIST TO OBTAIN VITAL RECORDS
ID MUST BE CURRENT

Identification is **required** for all non-public Vital Records.

Mailed requests must include an enlarged and easily identifiable **photocopy** of your identification from the list below or your application will be returned.

If using a form of identification from the "Primary" column, one form of identification is required.

If using a form of identification from the "Secondary" column, two forms of identification are required.

Primary

(Need 1)

Government Issued Photo Drivers License

Government Issued Photo Identification

Government Issued Work Identification

Employment Card

U.S. Military Identification Card

Tribal Identification Card

Pilot License

Alien Registration Card

Permanent Resident Card

Temporary Resident Card

U.S. Passport

Foreign Passport

U.S. Certification of Naturalization

Certificate of U.S. Citizenship

U.S. Citizen Identification Card

Matricula Consular Card

Concealed Weapon Permit

Mexican Voter Registration Card

Jail/Prison Release Form (with picture)

Secondary

(Need 2)

Work Identification/Paycheck/W-2

School, University or College Identification Card

Voter Registration Card

Social Security Card

U.S. Military Separation/DD-214

Motor Vehicle Registration/Title

Marriage License (not issued by Utah State Vital Records)

Court Order or Court Documents

Jail/Prison Documents

Probation Documents

Property Tax Receipt

Veterans Universal Access Identification Card

Selective Service Card

Hunting/Fishing License

Insurance Card or Documents

Utility Bill

Business License

Professional License

We Cannot Accept:

- Novelty Identification Card
- Driving Privilege Card

If you cannot provide acceptable identification you may have a spouse, parent, grandparent, sibling, or adult child who can provide appropriate identification request the certificate. Proof of relationship may be required.



APPLICATION FOR A U.S. PASSPORT

CORRECTIONS, NAME CHANGE WITHIN 1 YEAR OF PASSPORT ISSUANCE, AND LIMITED PASSPORT HOLDERS

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

Mailing Date of Application: _____

CAN I USE THIS FORM?

Complete this checklist to determine your eligibility to use this form

I have changed my name less than one year since my most recent U.S. passport book and/or U.S. passport card was issued **AND** my U.S. passport book and/or U.S. passport card is less than one year old;

Yes

No

OR

My identifying information in my most recent U.S. passport book and/or U.S. passport card was printed incorrectly;

Yes

No

OR

My most recent U.S. passport book was limited to two years or less for a reason other than multiple losses or a seriously damaged/mutilated passport.

Yes

No

If you answered NO to ALL of the three statements above, STOP - You cannot use this form!

You must apply on application form DS-11 or DS-82 depending on your circumstances. Please refer to those forms, visit travel.state.gov, or contact the National Passport Information Center for further information.

U.S. PASSPORTS, EITHER IN BOOK OR CARD FORMAT, ARE ISSUED ONLY TO U.S. CITIZENS OR NON-CITIZEN NATIONALS. EACH PERSON MUST OBTAIN HIS OR HER OWN PASSPORT BOOK OR PASSPORT CARD. THE PASSPORT CARD IS A U.S. PASSPORT ISSUED IN CARD FORMAT. LIKE THE TRADITIONAL PASSPORT BOOK, IT REFLECTS THE BEARER'S ORIGIN, IDENTITY, AND NATIONALITY AND IS SUBJECT TO EXISTING PASSPORT LAWS AND REGULATIONS. UNLIKE THE PASSPORT BOOK, THE PASSPORT CARD IS VALID ONLY FOR ENTRY TO THE UNITED STATES AT LAND BORDER CROSSINGS AND SEA PORTS OF ENTRY WHEN TRAVELING FROM CANADA, MEXICO, THE CARIBBEAN, AND BERMUDA. THE U.S. PASSPORT CARD IS NOT VALID FOR INTERNATIONAL AIR TRAVEL.

INFORMATION, QUESTIONS, AND INQUIRIES

Please visit our website at travel.state.gov. In addition, you may contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD: 1-888-874-7793) or by email at NPIC@state.gov. Customer Service Representatives are available Monday-Friday 8:00a.m.-10:00p.m. Eastern Time (excluding federal holidays.) Automated information is available 24 hours a day, 7 days a week.

FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM, INCLUDING YOUR SOCIAL SECURITY NUMBER, MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR THE DENIAL OF YOUR APPLICATION.

NOTICE TO APPLICANTS RESIDING ABROAD

United States citizens residing outside the U.S. or Canada **CANNOT** submit this form to the domestic address listed on the Instruction Page 2. Such applicants should contact the nearest U.S. Embassy or Consulate for procedures to be followed when applying overseas.

WARNING: False statements made knowingly and willfully in passport applications, including affidavits or other documents submitted to support this application, are punishable by fine and/or imprisonment under U.S. law, including the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification.

See page 2 of the instructions for detailed information on the completion and submission of this form.

If you choose to provide your email address in Item #6 on this application, Passport Services may use that information to contact you in the event there is a problem with your application or if additional information is required.

WHAT DO I SEND WITH THIS APPLICATION FORM?

1. Your most recent U.S. passport book and/or passport card.
2. A recent color photograph.

● Submit a color photograph of you alone, sufficiently recent to be a good likeness of you (taken within the last six months), and 2x2 inches in size. The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch, and not more than 1 3/8 inches. The photograph must be in color, clear, with a full front view of your face. The photograph must be taken with a neutral facial expression (preferred) or a natural smile, and with both eyes open and be printed on photo quality paper with a plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat or head covering unless a signed statement is submitted by the applicant verifying that the hat or head covering is part of recognized, traditional religious attire that is customarily or required to be worn continuously when in public or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Headphones, "bluetooth", or similar devices must not be worn in the passport photograph. Glasses or other eyewear are not acceptable unless you provide a signed statement from a doctor explaining why you cannot remove them due to medical reasons (e.g., during the recovery period from eye surgery). Any photograph retouched so that your appearance is changed is unacceptable. A snapshot, most vending machine prints, hand-held self portraits, and magazine or full-length photographs are unacceptable. A digital photo must meet the previously stated qualifications, and will be accepted for use at the discretion of Passport Services. Visit our website at travel.state.gov for details and information.

USE CAUTION WHEN STAPLING YOUR PHOTO: Use 4 staples vertically in the corners as close to the outer edges as possible. Do not bend the photo.

3. Evidence to submit with this form (all documentary evidence that is not damaged, altered, or forged will be returned to you):

- If your name has changed **less than one year** after your U.S. passport was issued **AND** your U.S. passport is **less than one year old**, you may use this form. You must submit a certified name change document such as a certified copy of your marriage certificate or a certified copy of a court order showing a seal and officiate/judge signature. If you are unable to document your name change in this manner, you must apply on the DS-11 application form by making a personal appearance at (1) a passport agency; (2) U.S. Embassy or Consulate, if abroad; (3) any federal or state court of record or any probate court accepting passport applications; (4) a designated municipal or county official; or (5) a post office, which has been selected to accept passport applications.
- If there is a name change or an error in the descriptive data in your recently issued, unexpired passport, you must submit the appropriate evidence showing the correct information (e.g. certified birth certificate or certified marriage certificate as described above).
- If you are re-applying because your U.S. passport book was limited in validity due to a lack of citizenship evidence or identity, you must submit evidence of your U.S. citizenship (such as a government-issued birth certificate or a U.S. Certificate of Naturalization) and/or evidence of your identity (such as a driver's license or a state issued identification card). You must establish your citizenship and identity to the satisfaction of Passport Services. We may ask you to provide additional evidence to corroborate your claim to U.S. citizenship and/or your identity. **Passports limited in validity due to serious damage or multiple losses cannot be extended.** Please contact the National Passport Information Center or visit travel.state.gov for more information and instructions.
- If your passport was limited due to gender transition, please visit <http://travel.state.gov/content/passports/en/passports/information/gender.html> for information on what documentation you will need to submit with this application form.

HOW DO I APPLY USING THIS FORM?

1. Complete, sign, and date this form.
2. Send this form with your most recent U.S. passport book and/or passport card, any required additional evidence, and a recent color photograph.

MAIL FORM TO:

FOR ROUTINE SERVICE:

National Passport Processing Center
Post Office Box 90107
Philadelphia, PA 19190-0107

FOR EXPEDITED SERVICE (Requires a Fee):

National Passport Processing Center
Post Office Box 90907
Philadelphia, PA 19190-0907

Because of the sensitivity of the enclosed documents, Passport Services recommends using trackable mailing service when submitting your application.

IS THERE A FEE ASSOCIATED WITH THIS FORM AND HOW WILL MY NEW U.S. PASSPORT BOOK AND/OR PASSPORT CARD BE MAILED BACK TO ME?

There is no fee associated with the use of this form unless expedited service is requested (see below). Your re-issued passport book and/or passport card and any documentary evidence submitted to Passport Services will be returned to you by priority or first class mail, unless overnight delivery is requested. You may receive your newly issued document and your returned citizenship evidence in separate mailings. If you are applying for both a U.S. passport book and card, you may receive **three separate mailings**: one with your returned citizenship evidence; one with your newly issued U.S. passport book, and one with your newly printed U.S. passport card.

OVERNIGHT DELIVERY SERVICE is only available for passport book (and not passport card) mailings in the United States. Please include the appropriate fee with your application.

For faster processing, you may request expedited service. Please include the expedite fee with your application. Expedited service is only available for passports mailed in the United States and Canada.

All fees must be submitted in the form of a personal check or money order. **MAKE CHECKS PAYABLE TO "U.S. DEPARTMENT OF STATE." THE FULL NAME AND DATE OF BIRTH OF THE APPLICANT MUST BE TYPED OR PRINTED ON THE FRONT OF THE CHECK. DO NOT SEND CASH.** Passport Services cannot be responsible for cash sent through the mail. Visit travel.state.gov for updated information on fees, processing times, or to check the status of your passport application online.

NOTE REGARDING MAILING ADDRESSES: Passport Services does not send mail to a private addresses outside the United States or Canada. If you do not live at the address listed in the "mailing address," then you must put the name of the person residing in that address and mark it as "In Care Of." If your mailing address changes prior to receipt of your new U.S. passport, please call the National Passport Information Center at 1-877-487-2778 or visit travel.state.gov.

NOTICE TO CUSTOMERS APPLYING OUTSIDE A DEPARTMENT OF STATE FACILITY

If you send us a check, it will be converted into an electronic funds transfer (EFT). This means we will copy your check, and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually occur within 24 hours, and will be shown on your regular account statement.

You will not receive your original check back. We will destroy your original check, but we will keep the copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, we may try to make the transfer up to two times, and we will charge you a one-time fee of \$25, which we will also collect by EFT.

FEE REMITTANCE

Passport service fees are established by law and regulation (see 22 U.S.C. 214, 22 C.F.R. 22.1, and 22 C.F.R. 51.50-56) and are collected at the time you apply for the passport service. If the Department fails to receive full payment of the applicable fees because, for example, your check is returned for any reason or you dispute a passport fee charge to your credit card, the U.S. Department of State will take action to collect the delinquent fees from you under 22 C.F.R. Part 34, and the Federal Claims Collection Standards (see 31 C.F.R. Parts 900-904). In accordance with the Debt Collection Improvement Act (Pub.L. 104-134), if the fees remain unpaid after 180 days and no repayment arrangements have been made, the U.S. Department of State will refer the debt to the U.S. Department of Treasury for collection. Debt collection procedures used by the U.S. Department of Treasury may include referral of the debt to private collection agencies, reporting of the debt to credit bureaus, garnishment of private wages and administrative offset of the debt by reducing or withholding eligible federal payments (e.g., tax refunds, social security payments, federal retirement, etc.) by the amount of your debt, including any interest penalties or other costs incurred. In addition, non-payment of passport fees may result in the invalidation of your passport. An invalidated passport cannot be used for travel.

NOTICE TO APPLICANTS FOR OFFICIAL, DIPLOMATIC, OR NO-FEE PASSPORTS

You may use this application if you meet all of the provisions listed on Instruction Page 2; however, you must CONSULT YOUR SPONSORING AGENCY FOR INSTRUCTIONS ON PROPER ROUTING PROCEDURES BEFORE FORWARDING THIS APPLICATION. Your completed passport will be released to your sponsoring agency for forwarding to you.

IMPORTANT NOTICE TO APPLICANTS WHO HAVE LOST OR HAD A PREVIOUS U.S. PASSPORT BOOK AND/OR PASSPORT CARD STOLEN

A United States citizen may not normally bear more than one valid or potentially valid U.S. passport book or more than one valid or potentially valid U.S. passport card at a time. Therefore, when a valid or potentially valid U.S. passport book or U.S. passport card cannot be presented with a new application, it is necessary to submit a Form DS-64, Statement Regarding a Lost or Stolen U.S. Passport. Your statement must detail why the previous U.S. passport book or U.S. passport card cannot be presented.

The information you provide regarding your lost or stolen U.S. passport book or passport card will be placed into our Consular Lost or Stolen Passport System. This system is designed to prevent the misuse of your lost or stolen U.S. passport book or passport card. Anyone using the passport book or passport card reported as lost or stolen may be detained upon entry into the United States. Should you locate the U.S. passport book or passport card reported lost or stolen at a later time, report it as found, and submit it for cancellation. It has been invalidated. You may not use that passport book or passport card for travel.

PROTECT YOURSELF AGAINST IDENTITY THEFT! REPORT YOUR LOST OR STOLEN PASSPORT BOOK OR PASSPORT CARD!

For more information or to report your lost or stolen U.S. passport book or passport card by phone, call NPIC or visit our website at travel.state.gov.

SPECIAL NOTICE TO U.S. PASSPORT CARD APPLICANTS ONLY

The maximum number of letters provided for your given name (first and middle) on the U.S. Passport Card is 24 characters. The 24 characters may be shortened due to printing restrictions. If both your given names are more than 24 characters, you must shorten the given name you list on item 1 of this form.

FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 U.S.C. 6039E) and 22 U.S.C. 2714a(f) require you to provide your Social Security number (SSN), if you have one, when you apply for or renew a U.S. passport. If you have never been issued a SSN, you must enter zeros in box #5 of this form. If you are residing abroad, you must also provide the name of the foreign country in which you are residing. The U.S. Department of State must provide your SSN and foreign residence information to the U.S. Department of the Treasury. If you fail to provide the information, your application may be denied and you are subject to a \$500 penalty enforced by the IRS. All questions on this matter should be referred to the nearest IRS office.

USE OF SOCIAL SECURITY NUMBER

Your Social Security number will be provided to U.S. Department of Treasury, used in connection with debt collection and checked against lists of persons ineligible or potentially ineligible to receive a U.S. passport, among other authorized uses.

ACTS OR CONDITIONS

If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, the portion which applies should be lined out, and a supplementary explanatory statement under oath (or affirmation) by the applicant should be attached and made a part of this application.

I have not, since acquiring United States citizenship/nationality, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States, or before a diplomatic or consular officer of the United States in a foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down, or to destroy by force, the government of the United States.

Furthermore, I have not been convicted of a federal or state drug offense or convicted for "sex tourism" crimes statute, and I am not the subject of an outstanding federal, state, or local warrant of arrest for a felony; a criminal court order forbidding my departure from the United States; a subpoena received from the United States in a matter involving federal prosecution for, or grand jury investigation of, a felony.

PRIVACY ACT STATEMENT

AUTHORITIES: Collection of this information is authorized by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E, 22 U.S.C. 2714a(f), Section 236 of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: We are requesting this information in order to determine your eligibility to be issued a U.S. passport. Your Social Security number is used to verify your identity.

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

DISCLOSURE: Providing information on this form is voluntary. Be advised, however, that failure to provide the information requested on this form may cause delays in processing your U.S. passport application and/or could result in the refusal or denial of your application.


Failure to provide your Social Security number may result in the denial of your application (consistent with 22 U.S.C. 2714a(f)) and may subject you to a penalty enforced by the Internal Revenue Service, as described in the Federal Tax Law section of the instructions to this form. Your Social Security number will be provided to the Department of the Treasury and may be used in connection with debt collection, among other purposes authorized and generally described in this section.

ELECTRONIC PASSPORT STATEMENT

The U.S. Department of State now issues an "Electronic Passport" book, which contains an embedded electronic chip. The electronic passport book continues to be proof of the bearer's United States citizenship/nationality and identity, and looks and functions in the same way as a passport without a chip. The addition of an electronic chip in the back cover enables the passport book to carry a duplicate electronic copy of all information from the data page. The electronic passport book is usable at all ports-of-entry, including those that do not yet have electronic chip readers.

Use of the electronic format provides the traveler the additional security protections inherent in chip technology. Moreover, when used at ports-of-entry equipped with electronic chip readers, the electronic passport book provides for faster clearance through some of the port-of-entry processes.

The electronic passport book does not require special handling or treatment, but like previous versions should be protected from extreme heat, bending, and from immersion in water. The electronic chip must be read using specially formatted readers, which protects the data on the chip from unauthorized reading.

The cover of the electronic passport book is printed with a special symbol representing the embedded chip. The symbol  will appear in port-of-entry areas where the electronic passport book can be read.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: Passport Forms Officer, U.S. Department of State, CA/PPT/S/L, 44132 Mercure Cir, P.O. Box 1227, Sterling, Virginia 20166-1227.



APPLICATION FOR A U.S. PASSPORT

NAME CHANGE, DATA CORRECTION, AND LIMITED PASSPORT BOOK REPLACEMENT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0160
 OMB EXPIRATION DATE: 10-31-2019
 ESTIMATED BURDEN: 40 MIN

Attention: Read WARNING on page 1 of instructions
Please select the document(s) for which you are applying:

U.S. Passport Book
 U.S. Passport Card
 Both
The U.S. passport card is **not** valid for international air travel. For more information see page 1 of instructions.

Regular Book (Standard)
 Large Book (Non-Standard)

Note: The large book option is for those who frequently travel abroad during the passport validity period and is recommended for applicants who have previously required the addition of visa pages.

1. Name Last _____

First _____ Middle _____

2. Date of Birth (mm/dd/yyyy) _____

3. Sex M F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.) _____

5. Social Security Number _____

6. Email (Info alerts offered at travel.state.gov) _____ @ _____

7. Primary Contact Phone Number _____

D O DP DOTS Code _____

End. # _____ Exp. _____

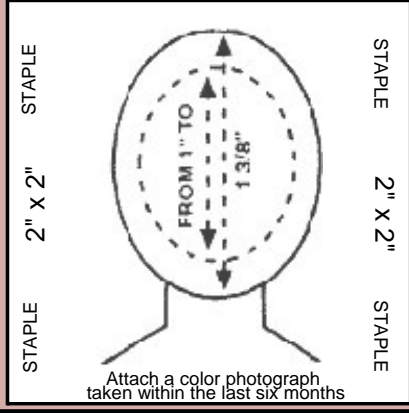
8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB. _____

Address Line 2: **Clearly label** Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g., *In Care Of - Jane Doe, Apt # 100*) _____

City _____ State _____ Zip Code _____ Country, if outside the United States _____

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.)

A. _____ B. _____



10. U.S. Passport Book and/or Passport Card Information

Your name as printed on your most recent U.S. passport book and/or passport card _____

Most recent U.S. passport book number _____ Book Issue Date (mm/dd/yyyy) _____

Most recent U.S. passport card number _____ Card Issue Date (mm/dd/yyyy) _____

CONTINUE TO PAGE 2 →

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.

x _____
 Applicant's Legal Signature - age 16 and older

x _____
 Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

Date _____

Name Change Replacement Correction: LName FName MName DOB Sex POB Other

From: _____

To: _____

BC Nat/Citz Cert Report of Birth Prev PPT MC Adoption C/O NC C/O PIERS Other

Filed/Issued/Place: _____ Doc #: _____

Other: _____

Attached: _____

EF _____ Postage _____ Other _____

* DS 5504 C 11 2013 1 *

Name of Applicant (Last, First & Middle) _____ Date of Birth (mm/dd/yyyy) _____

11. Height _____ 12. Hair Color _____ 13. Eye Color _____ 14. Occupation (if age 16 or older) _____ 15. Employer or School (if applicable) _____

16. Additional Contact Phone Numbers
Home _____ Cell _____
Work _____

17. Permanent Address: If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.
Street/RFD # or URB (No P.O. Box) _____ Apartment/Unit _____
City _____ State _____ Zip Code _____

18. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.
Name _____ Address: Street/RFD # or P.O. Box _____ Apartment/Unit _____
City _____ State _____ Zip Code _____ Phone Number _____ Relationship _____

19. Travel Plans
Departure Date (mm/dd/yyyy) _____ Return Date (mm/dd/yyyy) _____ Countries to be visited _____

Please complete the following questions regarding your current passport book and/or passport card

Has your name changed by marriage or court order **less than one year** after your U.S. passport book or passport card was issued?
 Yes No
Current Name Last _____
First _____ Middle _____
If yes, **and your submitted passport book and/or passport card is less than one year old**, please complete this section with your current information.
Note: You must **submit evidence documenting your name change** (such as a certified marriage certificate or court order) and your current U.S. passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions.
If you can not or did not meet the above criteria, please complete Form DS-82, U.S. Passport Renewal Application for Eligible Individuals or Form DS-11, Application for a U.S. Passport.

Was your identifying information printed incorrectly in your U.S. passport book or passport card?
 Yes No
Name Last _____
First _____ Middle _____
Date of Birth (mm/dd/yyyy) _____ Sex M F Place of Birth (State or Country) _____
If yes, please complete the information as it should appear, and **check only the box(s) next to the field(s) to be corrected**.
Please submit evidence documenting your correct identifying information (such as a certified marriage certificate or birth certificate) and your current U.S. passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions.

Was your most recent U.S. passport limited for two years or less?
 Yes No
If yes, please submit evidence of your U.S. citizenship (such as a U.S. birth certificate or naturalization certificate) and/or evidence of your identity (such as a driver's license or a state-issued ID card). Visit <http://travel.state.gov/content/passports/en/passports/information/gender.html> for information regarding gender transition documentation.
Note: To complete a limited U.S. passport book replacement, **your submitted U.S. passport book must not be expired**. Passport books limited in validity because of multiple losses, damages, or mutilations **cannot be extended**.
Please be sure to enclose your U.S. passport book along with this application to the address listed on page 2 of the instructions.





National Center for
**TRANSGENDER
EQUALITY**

UNDERSTANDING THE PASSPORT GENDER CHANGE POLICY

Updated March 2014



In June 2010, the State Department announced a new policy to issue passports that reflect a person's current gender when either a previous passport or other personal documentation presented by an applicant reflects a different gender. Under the new policy, a transgender person can obtain a passport reflecting his or her current gender by submitting a certification from a physician confirming that he or she has had appropriate clinical treatment for gender transition. This policy replaces the Department's old policy, which required documentation of sex reassignment surgery. In January 2011, the State Department made further improvements to its new policy.

OBTAINING A PASSPORT WITH YOUR CURRENT GENDER

Under the new policy, you can obtain a full ten-year passport with an updated gender if you have had **clinical treatment** determined by your doctor to be appropriate in your case to facilitate gender transition.

WHEN A PHYSICIAN CERTIFICATION IS REQUIRED

Under the new policy, a physician certification is required if the documents you submit with your application, which may include a prior passport, driver's license, birth certificate, or other documents, do not all reflect the correct gender. If all the documents you submit with your application reflect the correct gender, you do not need to submit a physician certification. See the application instructions below for more details.

WHO CAN WRITE A LETTER TO CERTIFY APPROPRIATE TREATMENT

You will need a letter from a licensed physician with whom you have a doctor-patient relationship and who is familiar with your transition-related treatment. This may be **any** physician who is familiar with your treatment, including a primary care physician or specialist.

WHAT THE PHYSICIAN CERTIFICATION MUST INCLUDE

The State Department has provided the following model letter for physician certifications. All certifications **must** be on the physician's office letterhead and include **all** of the information seen here, including **both** the physician's license or certificate number and DEA registration number. You should ask your physician to use this letter and not give additional personal health information that is not included here.

I, (physician's full name), (physician's medical license or certificate number), (issuing U.S. State/Foreign Country of medical license/certificate), (DEA Registration number or comparable foreign designation), am the physician of (name of patient), with whom I have a doctor/patient relationship and whom I have treated (or with whom I have a doctor/patient relationship and whose medical history I have reviewed and evaluated).

(Name of patient) has had appropriate clinical treatment for gender transition to the new gender (specify new gender male or female).

I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.

Signature

Typed Name

Date

WHAT CONSTITUTES APPROPRIATE CLINICAL TREATMENT

The new policy recognizes that people's medical needs vary, and that treatment options must be decided by health care professionals on an individual basis. You are entitled to a passport reflecting your current gender if you have had the clinical treatment determined by your health care providers to be appropriate, in your individual case, to facilitate gender transition. No specific treatment is required, and details of your treatment need not be provided. In fact, NCTE encourages you and your doctor to only state in the letter that you have had the clinical treatment determined by your health care providers to be appropriate. Details about surgery, hormone treatment, or other treatments are unnecessary and not helpful.

The State Department will issue a limited, two-year passport with an updated gender based on a physician's letter stating that the applicant "is in the process of gender transition." We believe there is no reason for a transgender person to apply for the limited passport. However, if your physician will not state that you have had appropriate treatment, this option is open to you.

OTHER MEDICAL INFORMATION

Other than the required certification from your physician, there is no need to submit any additional details or documentation regarding your medical history or treatment. Your doctor does not need to certify that you have undergone any specific treatment or procedure and we recommend, for the sake your privacy, that they not do so.

PASSPORTS FOR MINORS

The new policy applies to both adults and minors. All passport applications for minors are subject to special parental consent requirements. (These requirements apply to all minors, not just transgender minors.)

NAME CHANGE ON PASSPORTS

State Department policies concerning name changes have not changed. You must submit form DS-5504, Application for a U.S. Passport (Name Change, Data Correction and Limited Passport Book Replacement), along with a court order or marriage certificate reflecting the name change, or records documenting consistent use of your current name over a five-year period. Consult the State Department's website for more details.

APPLYING FOR A PASSPORT

To apply to obtain or renew a passport, you will need:

- Two 2x2 inch photographs of yourself;
- Proof of U.S. citizenship, such as a previous passport or a birth certificate;
- A valid form of government-issued photo identification such as a previous passport, driver's license or state or tribal identification card;
- A completed form DS-11, Application for a U.S. Passport, available online at <http://www.state.gov/documents/organization/79955.pdf>;
- *If one or more of the submitted documents **does not** reflect your current gender, a physician certification, as described above;*
- Legal documentation of name change, if needed;
- Current applicable fees, available at http://travel.state.gov/passport/fees/fees_837.html.

Take these documents and fees in person to any passport acceptance facility. These include courthouses, post offices, some public libraries and certain county and municipal offices. Additionally, there are thirteen regional passport agencies and one Gateway City Agency, which serves those who need expedited service. To find the acceptance facility closest to you, visit the State Department's website, Passport Acceptance Facility Search Page, at <http://iafdb.travel.state.gov> or call the National Passport Information Center.

APPLYING FOR A PASSPORT CARD

A U.S. passport card is a wallet-sized card that looks like a driver's license. A passport card is significantly less expensive than a traditional passport book but **cannot be used for international travel by air**. A passport card may be used as everyday identification within the United States and for land or sea travel to Canada, Mexico, the Caribbean and Bermuda. Application forms and documentation requirements for a passport card are the same as for a passport book; simply check "passport book" on the application form.

APPLYING TO RENEW A PASSPORT BY MAIL

If you are requesting gender change, you **must** use form DS-11 and apply in person, even if you would otherwise be eligible to renew by mail. **This is a new requirement since 2010**. By contrast, if you are only applying for a change of name, or do not need to change any information, you may be eligible to renew by mail using form DS-82. Consult the State Department's website for details.

CHANGING A LIMITED VALIDITY TO A FULL VALIDITY PASSPORT

If you have a limited validity passport that has not yet expired, you should submit the following by mail:

1. A completed form DS-5504, Application for a U.S. Passport (Name Change, Data Correction and Limited

Passport Book Replacement);

2. A physician certification, as described above, stating that you have had appropriate clinical treatment for gender transition.

Submit these documents to the address specified on the form. Unless you request expedited service, no new fee is required.

CONSULAR RECORD OF BIRTH ABROAD

A Consular Record of Birth Abroad (CRBA) is the equivalent of a birth certificate for American citizens born abroad. The policy for passports also applies for updating a CRBA.

To Amend a Consular Report of Birth Abroad (FS-240), You Must Submit:

1. A notarized written (or typed) request detailing the amendment or correction needed
2. Certified copies of documents justifying the amendment requested, in this case
 - court ordered name change, if applicable
 - original letter from physician on letterhead (see template letter for passports above)
3. The original FS-240, or
A replacement FS-240, or
A notarized affidavit stating the whereabouts of the original FS-240
4. A copy of requester's valid identification
5. A \$50.00 check or money order
 - Make payable to "Department of State"
 - The Department will assume no responsibility for cash lost in the mail.

6. Mail to:

Department of State
Passport Vital Records Section
1150 Passport Services PL
6th Floor
Dulles, VA 20189-1150

To check the status of your FS-240 request, call 202-485-8300.

IF YOU HAVE PROBLEMS

The new policy specifically instructs passport specialists to treat transgender applicants with respect, including using appropriate pronouns, and to not ask unrelated questions. However if you encounter improper requests for information, unprofessional behavior, or other difficulties obtaining a passport, contact NCTE, your Regional Passport Office, or your U.S. Senator's Office. NCTE is monitoring implementation of the new policy.

If you encounter discrimination, harassment or other serious difficulties relating to being transgender while traveling abroad, contact the closest U.S. Consulate or Embassy immediately.

FULL TEXT OF THE NEW POLICY

US State Department Foreign Affairs Manual, 7 FAM 300 Appendix M: Gender Change
<http://www.state.gov/documents/organization/143160.pdf>

Other Resources

US State Department Passport Home
http://travel.state.gov/passport/passport_1738.html

US State Department, Change Your Name in Your Passport
http://travel.state.gov/passport/correcting/ChangeName/ChangeName_851.html

US State Department, Frequently Asked Questions: Passports and Citizenship Documents http://travel.state.gov/passport/faq/faq_1741.html

National Passport Information Center
1-877-487-2778

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You MUST provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity **must** show your legal name **AND** provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We **CANNOT** accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.
5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.
- 9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you **MUST** show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card 7 to 14 days from now.
17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD		First	Full Middle Name	Last	
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last	
	OTHER NAMES USED					
2	Social Security number previously assigned to the person listed in item 1		— —			
3	PLACE OF BIRTH (Do Not Abbreviate)			Office Use Only	4 DATE OF BIRTH MM/DD/YYYY	
	City	State or Foreign Country		FCI		
5	CITIZENSHIP (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)	<input type="checkbox"/> Other (See Instructions On Page 3)
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary)		7	RACE Select One or More (Your Response is Voluntary)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other Pacific Islander
8	SEX		<input type="checkbox"/> Male	<input type="checkbox"/> Female		
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First	Full Middle Name	Last	
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)		— —			<input type="checkbox"/> Unknown
10	A. PARENT/ FATHER'S NAME		First	Full Middle Name	Last	
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)		— —			<input type="checkbox"/> Unknown
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)					
12	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last	
13	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY		
14	TODAY'S DATE MM/DD/YYYY		15 DAYTIME PHONE NUMBER		Area Code	Number
16	MAILING ADDRESS (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No.			
	City	State/Foreign Country		ZIP Code		
17	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best to my knowledge.					
	YOUR SIGNATURE		18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:			
		<input type="checkbox"/> Self		<input type="checkbox"/> Natural Or Adoptive Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other Specify _____

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)								
NPN		DOC		NTI		CAN		ITV
PBC	EVI	EVA	EVC	PRA	NWR	DNR	UNIT	
EVIDENCE SUBMITTED					SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW			
					DATE			
					DCL			