CHANGING IDENTIFYING DOCUMENTS

Before getting started with changing your identifying documents, you should take a moment to review the enclosed documents entitled Transgender People and the Social Security Administration and Understanding the New Passport Gender Change Policy. These documents provide a brief overview of the processes outlined below and will help you understand your rights as a transgender individual. In addition, because these processes are relatively new, you may find yourself in the position of educating from whom you seek assistance.

US Passport or Passport Card

To obtain a new Passport or Passport Card reflecting your preferred gender, you will need to complete the following steps:

1) Take a moment to review the enclosed document entitled

2) Have your treating physician complete the enclosed Physician Certification of Treatment for Amendment of Passport. This document must be printed on your physician's official letterhead and should be signed by your physician.

   A) Form A should be used in almost all cases. However, if your physician is unwilling to certify completion of appropriate treatment, use Form B.

   B) Form B will result in a passport valid for no more than 2 years, and additional steps will be required to obtain a full validity passport. This limited validity means you will need to complete an Application for a U.S. Passport Name Change, Data Correction, and Limited Passport Book Replacement within two years.

3) Complete the enclosed Application for a U.S. Passport and gather any required documents. The form contains instructions regarding what you will need to bring with you to the Passport Office.

4) If you have changed your name, you should make sure you have a certified copy of the order directing this change.

5) Visit one of the Gainesville offices listed on under Where to Bring Your Documents.

Social Security Administration Information

To update your Social Security Administration information to reflect your preferred gender, you will need to complete the following steps:

1) Have your treating physician complete the enclosed Physician Certification of Treatment for Amendment of Social Security Administration Numident Data. This document must be printed on your physician's official letterhead and should be signed by your physician.

2) Complete the enclosed Application for a Social Security Card and gather any required documents. The form contains instructions regarding what you will need to bring with

Revised: 11/24/14
you to the Social Security Administration Office.

3) If you have changed your name, you should make sure you have a certified copy of the order directing this change.

4) Visit one of the Gainesville offices listed on under Where to Bring Your Documents.

**Florida Driver's License or Identification Card**

To obtain a new Florida Driver's License or Identification Card reflecting your preferred gender, you will need to complete the following steps:

1) Have your treating physician complete the enclosed *Physician Certification of Treatment for Amendment of Florida Driver's License or Identification Card*. This document **must** be printed on your physician's official letterhead and should be signed by your physician.

2) If you have changed your name, you should make sure you have a certified copy of the order directing this change.

3) Make sure you have all the documents required to obtain your new license or identification card. Requirements specific to your application can be obtained by visiting the Florida Department of Highway Safety and Motor Vehicles application preparation website at [http://www.gathergoget.com/](http://www.gathergoget.com/)

4) Visit one of the Gainesville offices listed on under Where to Bring Your Documents.
This resource includes new information based on additional changes made by the State Department in January 2011.

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;

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. 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
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 new policy for passports also applies for updating a CRBA. Consult the State Department’s website for more details.

**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

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**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
In June 2013, the Social Security Administration (SSA) announced a new policy to update Social Security records to reflect a person’s gender identity. Under the new policy, a transgender person can change their gender on their Social Security records by submitting either government-issued documentation reflecting a change, or a certification from a physician confirming that they have had appropriate clinical treatment for gender transition. This policy replaces SSA’s old policy, which required documentation of sex reassignment surgery.

How is the gender in my SSA record used?
Your Social Security card only lists your name and Social Security number – not your gender. However, SSA maintains information in its computer records on everyone who has a Social Security number, including name, date of birth, and gender.

Social Security benefits do not depend on your gender, and determinations related to marriage and family relationships are not based on what gender is in your record. Aggregated data about gender and other demographic factors from SSA records is used for statistical and research purposes. In addition, as discussed below, SSA gender data is still used for identity verification by some third-party organizations.

Will changing my gender with SSA affect my Social Security benefits?
No. Social Security benefits do not depend on your gender. In addition, Social Security gender markers do not determine a person’s eligibility for marriage-related benefits.

Will changing my gender with SSA affect my health benefits?
Changing your gender marker with Social Security will typically not affect your health insurance at all if you have private insurance. While some insurance plans may automatically refuse coverage of services that appear inconsistent with a gender marker in the plan’s records, insurance plans generally do not base their gender data on, or match it with, Social Security records, but instead use data from enrollment forms.

An exception is that if a person is enrolled in Medicare, or is enrolled in both the Medicaid and Supplemental Security Income (SSI) programs, their insurance record will be based Social Security data. In that case, they may experience automatic refusals for coverage of services that appear inconsistent with a gender marker in Social Security records. These automatic rules were developed as a means to prevent erroneous or fraudulent billing, with the unintended consequence of sometimes affecting trans people. (This can happen with private insurance too, but that will be based on the gender in plan records, not Social Security records.) These types of denials can usually be resolved by having your provider’s office either add a specific billing code, contact the plan, or help you request a formal coverage determination. For more information, see NCTE’s health care and Medicare rights below.

What about “No-Match Letters?” Will my SSA record out me on the job or elsewhere?
This is much less likely than it used to be, but could still happen in some circumstances. SSA administers several programs used to verify a person’s identity for purposes of employment, applying for public benefits, or other purposes. Through these various programs, SSA compares personal data submitted by a business or government agency with its own programs and reports whether the data matches.
Some of these systems include gender among the personal data that is submitted and matched, while other systems don’t include gender. The largest system used by private employers, the Social Security Number Verification System (SSNVS), eliminated gender in 2011. As a result, it is now very rare for employees to be outed on the job by their SSA gender marker. However, some systems used by state government agencies still match gender against SSA records. If a person’s recorded gender with the submitting agency does not match SSA records, SSA may report this back to the submitting agency.

In cases where gender data is submitted to SSA and does not match, it is important to understand that the submitting agency is under no obligation to respond in any way. Businesses or government agencies are not subject to any penalties or legal requirements when they receive a notice of gender data that does not match. The organization can simply ignore the gender mismatch so long as the other personal data matches with SSA records. For this reason, NCTE continues to advocate removing gender from these matching systems altogether.

How do I change the gender in my SSA record?
Social Security will accept any of the following forms of evidence for a gender marker change:

- A U.S. passport showing the correct gender,
- A birth certificate showing the correct gender,
- A court order recognizing the correct gender, or
- A signed letter from a [provider] confirming that you have had appropriate clinical treatment for gender transition

If you use a physician letter, it must come from a licensed physician with whom you have a 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 a specialist. All certifications must be on the physician’s office letterhead and include all of the information seen in the sample letter below, including the physician’s license or certificate number.

The following is an example of a letter that meets all the Social Security requirements. You should ask your physician to use this letter and not give additional personal health information that is not included here.

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I, (physician’s full name), (physician’s medical license or certificate number), (issuing U.S. State/Foreign Country of medical license/certificate), 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 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 does “Appropriate Clinical Treatment” mean?
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 an updated gender marker 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 type of treatment is required, and details of your treatment should**
not be included in the letter from your physician to SSA. 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.

How can I change my name in my Social Security record?
Social Security’s procedures for name changes have not changed. You can change the name on your Social
Security card and record by applying through the mail or in person at a local Social Security office. This can be
done separately from, or together with, applying for a gender change. You will need to submit an Application for
a Social Security Card, proof of your identity and citizenship or immigration status, as well as acceptable proof
of the name change.

In general, SSA will accept any of the following as proof of a name change:

- Name change court order (original or certified copy);
- Marriage, civil union, or domestic partnership certificate (original or certified copy);
- Divorce decree (original or certified copy); or,
- Certificate of citizenship or naturalization (original only).

The new card will be sent to you in the mail, as will any original documents submitted with your application.

Note: Marriage, civil union, or domestic partnership certificates showing a name change can be used so long
as they are recognized by the issuing state. For name change purposes, it does not matter whether the federal
government or the applicant’s state of residence recognize the relationship. However, locally-issued domestic
partnership certificates not recognized by a state cannot be used for this purpose.

How does Social Security treat marriages involving transgender people?
Social Security recognizes as valid any marriage that was recognized under state law as being a valid, different-
sex marriage when it was entered into. Any marriage that was valid when it was entered continues to be valid
regardless of a spouse’s transition.

Social Security looks to state law and government-issued documents (such as birth certificates and court
orders) to determine marital status – it is not based on the gender marker in your Social Security record. For
this reason, changing your gender marker with Social Security will not affect your or your spouse’s right to
Social Security benefits.

What If I have a problem?
Social Security employees are instructed to treat transgender customers with respect, including using
appropriate pronouns, and to not ask unrelated personal questions. If you encounter improper requests
for information, unprofessional treatment, or other difficulties in a local Social Security office or with other
SSA employees, contact NCTE, your SSA Regional Office, or your U.S. Senator’s Office. NCTE is monitoring
implementation of the new policy.

In addition, if you believe you have been subject to discriminatory treatment by an SSA office or staff, you
may file a formal complaint of discrimination with SSA. SSA accepts complaints of discrimination in services
and programs based on race, color, national origin (including English language ability), religion, sex (including
gender identity), sexual orientation, age, disability, or in retaliation for filing a complaint. The purpose of this
process is not to provide compensation but to resolve unfair actions and prevent future incidents. Complaints
must be filed within 180 days of the discriminatory action, or be accompanied by an explanation for filing later.
The complaint form can be found at: http://www.ssa.gov/online/ssa-437.pdf.
Additional Resources


Medicare Benefits and Transgender People: http://transequality.org/Resources/MedicareBenefitsAndTransPeople_Aug2011_FINAL.pdf

SSA Gender Change Policy: https://secure.ssa.gov/poms.nsf/lnx/0110212200

Application for Social Security Card: http://ssa.gov/ssnumber/ss5.htm

Social Security Office Locator: https://secure.ssa.gov/ICON/main.jsp

Social Security phone numbers: 1-800-772-1213 or, for TTY, call 1-800-325-0778

Forms for Changing Passport
Physician Certification of Treatment
Amendment of Passport
Form A

To Whom It May Concern:

I, __________________________, am the attending physician of __________________________,
Physician’s First and Last Name                  Patient’s First and Last Name
with whom I have a doctor/patient relationship. This letter is to inform all concerned that the
above-named patient has had appropriate clinical treatment for gender transition to the new
gender of __________________________.
Indicate Male or Female

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

Sincerely,

______________________________    ______________________________
Physician Signature / Date              Physician Printed Name

______________________________    ______________________________
Medical License / Certificate Number      Issuing US State or Country

______________________________
Drug Enforcement Administration #
To Whom It May Concern:

I, __________________, am the attending physician of __________________, with whom I have a doctor/patient relationship. This letter is to inform all concerned that the above-named patient is in the process of gender transition to the new gender of __________________.

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

Sincerely,

__________________________________________  _______________________________________
Physician Signature / Date                  Physician Printed Name

__________________________________________  _______________________________________
Medical License / Certificate Number        Issuing US State or Country

Drug Enforcement Administration #

Form OC-PPTB
Revised: 11/24/14
APPLICATION FOR A U.S. PASSPORT

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

I applied: Place: __________________________ Date: __________________________

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 8:00 a.m.-10:00 p.m. Eastern Time (excluding federal holidays). Automated information is available 24 hours a day, 7 days a week.


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

LOST OR STOLEN - You are required to submit a Form DS-64, Statement Regarding a Lost or Stolen U.S. Passport, when your valid or potentially valid U.S. passport book and/or passport card cannot be submitted with this application.

IN MY POSSESSION - If your most recent U.S. passport book and/or passport card was issued less than 15 years ago, and you were over the age of 16 at the time of issuance, you may be eligible to use Form DS-82 to renew your passport by mail. If your most recent passport is valid and needs additional pages, you can submit your passport, form DS-4085, and the current fee.

SPECIAL REQUIREMENTS FOR CHILDREN

● AS DIRECTED BY PUBLIC LAW 106-113 AND 22 CFR 51.28:

To submit an application for a child under age 16 both parents or the child's legal guardian(s) must appear and present the following:

- Evidence of the child's U.S. citizenship;
- Evidence of the child's relationship to parents/guardian(s); AND
- Parental/guardian government-issued identification.

IF ONLY ONE PARENT APPEARS, YOU MUST ALSO SUBMIT ONE OF THE FOLLOWING:

- Second parent's notarized written statement or DS-3053 (including the child's full name and date of birth) consenting to the passport issuance for the child. The notarized statement cannot be more than three months old and must be signed and notarized on the same day, and must come with a photocopy of the front and back side of the second parent's government-issued photo identification; OR
- Second parent's death certificate if second parent is deceased; OR
- Primary evidence of sole authority to apply; OR
- A written statement or DS-5525 (made under penalty of perjury) explaining in detail the second parent's unavailability.

● AS DIRECTED BY REGULATION 22 C.F.R. 51.21 AND 51.28:

- Each minor child applying for a U.S. passport book and/or passport card must appear in person.

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.

WHAT TO SUBMIT WITH THIS FORM:

1. PROOF OF U.S. CITIZENSHIP (Evidence of U.S. citizenship that is not damaged, altered, or forged will be returned to you.)
2. PROOF OF IDENTITY (You must present your original identification AND submit a photocopy of the front and back side with your passport application.)
3. RECENT COLOR PHOTOGRAPH (Photograph must meet passport requirements – full front view of the face and 2x2 inches in size.)
4. FEES (Please visit our website at travel.state.gov for current fees.)

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

WHERE TO SUBMIT THIS FORM:

Please complete and submit this application in person to one of the following acceptance agents: a clerk of a federal or state court of record or a judge or clerk of a probate court accepting applications; a designated municipal or county official; a designated postal employee at an authorized post office; an agent at a passport agency (by appointment only); or a U.S. consular official at a U.S. Embassy or Consulate, if abroad. To find your nearest acceptance facility, visit travel.state.gov or contact the National Passport Information Center at 1-877-487-2778.

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 herein 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.
1. PROOF OF U.S. CITIZENSHIP

APPLICANTS BORN IN THE UNITED STATES: Submit a previous U.S. passport or certified birth certificate. Passports that are limited in validity will need to be supplemented by other evidence. A birth certificate must include your full name, date and place of birth, sex, date the birth record was filed, the seal or other certification of the official custodian of such records (state, county, or city/town office), and the full names of your parent(s).

- If the birth certificate was filed more than 1 year after the birth: It must be supported by evidence described in the next paragraph.
- If no birth record exists: Submit a registrar's notice to that effect. Also, submit a combination of the evidence listed below, which should include your given name and surname, date and/or place of birth, and the seal or other certification of the office (if customary), and the signature of the issuing official.
  - A hospital birth record;
  - An early baptismal or circumcision certificate;
  - Early census, school, medical, or family Bible records;
  - Insurance files or published birth announcements (such as a newspaper article); and
  - Notarized affidavits (or DS-10, Birth Affidavit) of older blood relatives having knowledge of your birth may be submitted in addition to some of the records listed above.

APPLICANTS BORN OUTSIDE THE UNITED STATES: Submit a previous U.S. passport, Certificate of Naturalization, Certificate of Citizenship, Report of Birth Abroad, or evidence described below:

- If you claim citizenship through naturalization of parent(s): Submit the Certificate(s) of Naturalization of your parent(s), your foreign birth certificate (and official translation if the document is not in English), proof of your admission to the United States for permanent residence, and your parent's marriage/certificate and/or evidence that you were in the legal and physical custody of your U.S. citizen parent, if applicable.
- If you claim citizenship through birth abroad to at least one U.S. citizen parent: Submit a Consular Report of Birth (Form FS-240), Certification of Birth (Form DS-1350 or FS-545), or your foreign birth certificate (and official translation if the document is not in English), proof of U.S. citizenship of your parent, your parent's marriage certificate, and an affidavit showing all of your U.S. citizen parents' periods and places of residence/physical presence in the United States and abroad before your birth.
- If you claim citizenship through adoption by a U.S. citizen parent(s): Submit evidence of your permanent residence status, full and final adoption, and your U.S. citizen parent(s)'s evidence of legal and physical custody. (NOTE: Acquisition of U.S. citizenship for persons born abroad and adopted only applies if the applicant was born on or after 02/28/1983.)

ADDITIONAL EVIDENCE: You must establish your citizenship to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your claim to U.S. citizenship. Visit travel.state.gov for details.

You may receive your newly issued passport book and/or card and your returned citizenship evidence in two separate mailings. If you are applying for both a U.S. passport book and passport card, you may receive three separate mailings; one with your returned citizenship evidence, one with your newly issued passport book, and one with your newly issued passport card.

- If you are 16 years of age or older: Your U.S. passport will be valid for 10 years from the date of issue except where limited by the Secretary of State to a shorter period. (See information below about the additional cost for expedited service.)
- If you are under 16 years of age: Your U.S. passport will be valid for five years from the date of issue except where limited by the Secretary of State to a shorter period. (See information below about the additional cost for expedited service.)

2. PROOF OF IDENTITY

You may submit items such as the following containing your signature AND a photograph that is a good likeness of you: previous or current U.S. passport book; previous or current U.S. passport card; driver's license (not temporary or learner's license); Certificate of Naturalization; Certificate of Citizenship; military identification; or federal, state, or municipal government employee identification card. Temporary or altered documents are not acceptable.

You must establish your identity to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your identity. If you have changed your name, please see travel.state.gov for instructions.

IF YOU CANNOT PROVIDE DOCUMENTARY EVIDENCE OF IDENTITY as stated above, you must appear with an IDENTIFYING WITNESS who is a U.S. citizen, non-citizen U.S. national, or permanent resident alien who has known you for at least two years. Your witness must prove his or her identity and complete and sign an Affidavit of Identifying Witness (Form DS-71) before the acceptance agent. You must also submit some identification of your own.

3. 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 color, clear, with a full front view of your face, and 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, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes 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. Any photograph retouched so that your appearance is changed is unacceptable. A snapshot, most vending machine prints, 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.

4. FEES

CURRENT FEES ARE LISTED ON OUR WEBSITE AT TRAVEL.STATE.GOV BY LAW, THE PASSPORT FEES ARE NON-REFUNDABLE.

- The passport processing, execution, and security fees may be paid in any of the following forms: Checks (personal, certified, or traveler's) with the applicant's full name and date of birth printed on the front; major credit card (Visa, Master Card, American Express, and Discover); bank draft or cashier's check; money order (U.S. Postal, international, currency exchange), or if abroad, the foreign currency equivalent, or a check drawn on a U.S. bank. All fees should be payable to the "U.S. Department of State" or if abroad, the appropriate U.S. Embassy or U.S. Consulate. When applying at a designated acceptance facility, the execution fee will be paid separately and should be made payable to the acceptance facility. NOTE: Some designated acceptance facilities do not accept credit cards as a form of payment.
- For faster processing, you may request expedited service. Please include the expedite fee in your payment. Our website contains updated information regarding fees and processing times for expedited service. Expedited service is available only in the United States.
- If you desire OVERNIGHT DELIVERY SERVICE for the return of your passport, please include the appropriate fee with your payment.
- An additional fee will be charged when, upon your request, the U.S. Department of State verifies issuance of a previous U.S. passport or Consular Report of Birth Abroad because you are unable to submit evidence of U.S. citizenship.
- For applicants with U.S. government or military authorization for no-fee passports, no fees are charged except the execution fee when applying at a designated acceptance facility.
NOTE REGARDING MAILING ADDRESSES
Passport Services will not mail a U.S. passport to a private address outside the United States. If you do not live at the address listed in the "mailing address", then you must put the name of the person and mark it as "In Care Of" in item # 8. If your mailing address changes prior to receipt of your new passport, please contact the National Passport Information Center.

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 you need to provide information to us.

FEDERAL TAX LAW
Section 6039E of the Internal Revenue Code (26 U.S.C. 6039E) requires 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 not been issued a SSN, 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 Treasury. If you fail to provide the information, you are subject to a $500 penalty enforced by the IRS. All questions on this matter should be directed to the nearest IRS office.

NOTICE TO CUSTOMERS APPLYING OUTSIDE A STATE DEPARTMENT 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.

REMITTANCE OF FEES
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 Department will refer the debt to the U.S. Department of Treasury for collection. Debt collection procedures used by 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.

OTHER USES 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.

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.

PROTECT YOURSELF AGAINST IDENTITY THEFT!
REPORT YOUR LOST OR STOLEN PASSPORT BOOK OR PASSPORT CARD!
For more information regarding reporting a lost or stolen U.S. passport book or passport card and the Form DS-64, your eligibility to submit a Form DS-82 or how to request additional visa pages, call NPIC at 1-877-487-2778 or visit 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 one of your given names you list on item 1 of this form.
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.

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 of a "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


PURPOSE: We are requesting this information in order to determine your eligibility to be issued a U.S. passport. Your Social Security number is requested in order to verify your identity. Failure to provide your Social Security number on this form may delay processing of your application.

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 your Social Security number and the other information on this form is voluntary, but failure to provide the information on this form may, given the form's purpose of verification of identity and entitlement to a U.S. passport, result in processing delays or denial of the passport application.

Failure to provide your Social Security number may also 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 as authorized and generally described in this section. Providing your Social Security number and other information requested on this form is otherwise voluntary.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 95 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 2201 C Street NW, Washington, D.C. 20520.
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 Address (e.g., my_email@domain.com)
7. Primary Contact Phone Number

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.

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)

Name
Issue Date (mm/dd/yyyy) Exp. Date (mm/dd/yyyy)
ID No
State of Issuance
Country of Issuance

Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)

Name
Issue Date (mm/dd/yyyy) Exp. Date (mm/dd/yyyy)
ID No
State of Issuance
Country of Issuance

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 attached to 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.

Name of courier company (if applicable)
Facility ID Number
Facility Name/Location
Agent ID Number

Signature of person authorized to accept applications
Date

Applicant's Legal Signature - age 16 and older

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

Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)
I have changed my name since my most recent U.S. passport book and/or U.S. passport card was issued less than one year ago;  
OR  
My identifying information in my most recent U.S. passport book and/or U.S. passport card was printed incorrectly;  
OR  
My most recent, full-fee U.S. passport book was limited in validity, and was issued less than one year ago.  
OR  
My most recent, full-fee U.S. passport book was limited in validity due to a lost naturalization certificate or due to gender transition, and was issued less than two years ago.

If you answered NO to ALL of the four 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 abroad 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 color, clear, with a full front view of your face, and printed on thin paper with plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes 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. Any photograph retouched so that your appearance is changed is unacceptable. A snapshot, most vending machine prints, 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](http://travel.state.gov) for details and information.)

3. Evidence to support a name change or other change in descriptive data.

- If your name has changed, the name change document you submit must be 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 change or an error in the descriptive data in your recently issued passport, you must submit the appropriate evidence showing the correct information (e.g. certified birth certificate or certified marriage certificate as described above).

- All documentary evidence that is not damaged, altered, or forged will be returned to you.

**PLEASE NOTE:** If you are re-applying, because your U.S. passport book was limited in validity due to a lack of citizenship evidence or identity, please submit the necessary document as specified by Passport Services. Passports limited in validity due to multiple losses cannot be extended. Please contact the National Passport Information Center for detailed information and instructions.

### 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:**

<table>
<thead>
<tr>
<th>FOR ROUTINE SERVICE:</th>
<th>FOR EXPEDITED SERVICE (Additional Fee):</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Passport Processing Center</td>
<td>National Passport Processing Center</td>
</tr>
<tr>
<td>Post Office Box 90107</td>
<td>Post Office Box 90907</td>
</tr>
<tr>
<td>Philadelphia, PA 19190-0107</td>
<td>Philadelphia, PA 19190-0907</td>
</tr>
</tbody>
</table>

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:** If you desire overnight delivery service for the return of your passport, include the appropriate fee with your payment.

**FASTER PROCESSING:** For an additional fee, you may request expedited service. Please include this fee in your payment, and submit the application to the appropriate address. Please write “Expedite” on the outer envelope when mailing. **ALSO, TO ENSURE MINIMAL PROCESSING TIME** for expedited applications, Passport Services recommends using overnight delivery when submitting the application AND including the appropriate postage fee for return overnight delivery for the completed passport. Expedited service is only available in the United States. Please visit [travel.state.gov](http://travel.state.gov) for updated information regarding fees and processing times.

Enclose the expedite and/or overnight delivery fee 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. By law, the fees are non-refundable. Please visit our website at [travel.state.gov](http://travel.state.gov) for detailed information regarding current fees.

**NOTE REGARDING MAILING ADDRESSES:** Passport Services will not mail a passport to a private address outside the United States. If you do not live at the address listed in the "mailing address", then you must put the name of the person, and mark it as "In Care Of." If your mailing address changes prior to receipt of your new U.S. passport, please contact the National Passport Information Center at 1-877-487-2778 or visit [travel.state.gov](http://travel.state.gov).
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.

**REMITTANCE OF FEES**

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 CUSTOMERS APPLYING OUTSIDE A STATE DEPARTMENT FACILITY**

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 the provisions listed, 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.
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 for 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: We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 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 entitlement to receive the passport service for which you are applying. The collection of the Social Security number will be used for identity/entitlement verification only and no other purpose unless authorized by law.

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 your Social Security number and the other information on this form is voluntary, but failure to provide the information on this form may, given the form's purpose of verification of your identity or entitlement, result in processing delays or denial of your application.

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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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 2201 C Street NW, Washington, D.C. 20520.
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.

Applicant’s Legal Signature - age 16 and older

FOR ISSUING OFFICE ONLY

Please Print Legibly Using Black Ink Only

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.

Note: The 52 page 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 Address (e.g., my_email@domain.com)
7. Primary Contact Phone Number

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)

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.

Applicant’s Legal Signature - age 16 and older

Mother/Father/Parent/Legal Guardian’s Signature (if identifying minor)

Name Change
Replacement
Correction:

From:

To:

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

Filed/Issued/Place:

Doc #:

Other:

Attached:

EF
Postage
Other
**Please complete the following questions regarding your current passport book and/or passport card**

### Has your name changed by marriage or court order since your U.S. passport book or passport card was issued?
- [ ] Yes
- [ ] No

If yes, please complete this section with your current information.

**Current Name**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Note: To complete a name change your submitted U.S. passport book and/or passport card must be less than one year old.

Please 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.

### Was your identifying information printed incorrectly in your U.S. passport book or passport card?
- [ ] Yes
- [ ] No

If yes, please complete the information as it should appear, and check only the box(s) next to the field(s) to be corrected.

**Name**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Date of Birth**

<table>
<thead>
<tr>
<th>(mm/dd/yyyy)</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
</tr>
</tbody>
</table>

**Place of Birth**

<table>
<thead>
<tr>
<th>(State or Country)</th>
</tr>
</thead>
</table>

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 one year or less?
- [ ] Yes
- [ ] No

If yes, please submit evidence of your United States citizenship (such as a government-issued birth certificate) and/or evidence of your identity (such as a driver's license or a state issued identification (ID) card).

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.
Forms for Changing Social Security Administration Numident Data
Physician Certification of Treatment
Amendment of Social Security Administration Numident Data

To Whom It May Concern:

I, ____________, am the attending physician of ____________, with whom I have a doctor/patient relationship. This letter is to inform all concerned that the above-named patient has had appropriate clinical treatment for gender transition to the new gender of ____________.

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

Sincerely,

______________________________
Physician Signature / Date

______________________________
Physician Printed Name

______________________________
Medical License / Certificate Number

______________________________
Issuing US State or Country

______________________________
Drug Enforcement Administration #
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.
**Application for a Social Security Card**

1. **NAME**
   - **TO BE SHOWN ON CARD**
     - First
     - Full Middle Name
     - Last

2. **FULL NAME AT BIRTH**
   - **IF OTHER THAN ABOVE**
     - First
     - Full Middle Name
     - Last

3. **OTHER NAMES USED**

4. **Social Security number previously assigned to the person listed in item 1**

5. **PLACE OF BIRTH**
   - (Do Not Abbreviate)
   - City
   - State or Foreign Country
   - **DATE OF BIRTH**
     - MM/DD/YYYY
   - Office Use Only
   - FCI

6. **CITIZENSHIP**
   - (Check One)
     - U.S. Citizen
     - Legal Alien Allowed To Work
     - Legal Alien Not Allowed To Work
     - Other (See Instructions On Page 3)

7. **ETHNICITY**
   - Are You Hispanic or Latino? (Your Response is Voluntary)
     - Yes
     - No

8. **SEX**
   - Male
   - Female

9. **A. PARENT/ MOTHER’S NAME AT HER BIRTH**
   - First
   - Full Middle Name
   - Last

10. **B. PARENT/ MOTHER’S SOCIAL SECURITY NUMBER**
    - (See instructions for 9 B on Page 3)
    - Unknown

11. **A. PARENT/ FATHER’S NAME**
    - First
    - Full Middle Name
    - Last

12. **B. PARENT/ FATHER’S SOCIAL SECURITY NUMBER**
    - (See instructions for 10 B on Page 3)
    - Unknown

13. **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?**
    - Yes (If “yes” answer questions 12-13)
    - No
    - Don’t Know (If “don’t know,” skip to question 14.)

14. **Name shown on the most recent Social Security card issued for the person listed in item 1**
    - First
    - Full Middle Name
    - Last

15. **Enter any different date of birth if used on an earlier application for a card**
    - MM/DD/YYYY

16. **TODAY’S DATE**
    - MM/DD/YYYY

17. **MAILING ADDRESS**
    - (Do Not Abbreviate)
    - City
    - State/Foreign Country
    - ZIP Code

18. **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.**

19. **YOUR SIGNATURE**
20. **YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:**
    - Self
    - Natural Or Adoptive Parent
    - Legal Guardian
    - Other
    - Specify

21. **DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY )**

22. **NPN**
23. **DOC**
24. **NTI**
25. **CAN**
26. **ITV**
27. **PBC**
28. **EVI**
29. **EVA**
30. **EVC**
31. **PRA**
32. **NWR**
33. **DNR**
34. **UNIT**

35. **EVIDENCE SUBMITTED**
36. **SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW**
37. **DATE**
38. **DCL**
39. **DATE**
Forms for Changing Florida Driver's License or Identification Card
To Whom It May Concern:

I, ______________, am the attending physician of ______________, with whom I have a doctor/patient relationship. This letter is to inform all concerned that the above-named patient is undergoing appropriate clinical treatment for gender transition to the new gender of ______________.

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

Sincerely,

_________________________________________  __________________________________________
Physician Signature / Date  Physician Printed Name

_________________________________________
Medical License / Certificate #  Issuing US State or Country

_______________________________________
Drug Enforcement Administration #

Form OC-FLDL
Revised: 11/24/14
## WHERE TO BRING YOUR DOCUMENTS

### Passport Services
- **3030 Radio Road**
  Gainesville, FL 32611
  PH: 352-392-1134
  - Hours: M-F 9:00am to 3:00pm
- **13553 SW Sr-45**
  Archer, FL 32618
  PH: 352-495-2565
  - Hours: M-F 9:30am to 3:00pm
  - Appointment Required

### Social Security Administration
- **1610 NW 23rd Ave**
  Gainesville, FL 32605
  PH: 877-219-8323
  - Hours: MTHF: 9:00am to 3:00pm
    W: 9:00am to 12:00pm

### Florida Department of Highway Safety and Motor Vehicles
- **12 S.E. 1st Street**
  Gainesville, FL 32601
  PH: 352-374-5236
  - Hours: M-F 8:30am to 5:00pm
- **5801 N.W. 34th Boulevard**
  Gainesville, FL 32653
  PH: 352-374-5236
  - Hours: M-F 8:30am to 5:00pm
- **3207 S.W. 35th Boulevard**
  Gainesville, FL 32608
  PH: 352-374-5236
  - Hours: M-F 8:30am to 5:00pm

Revised: 11/24/14