



GUIDE TO
**NAME AND
GENDER MARKER
CHANGES**

EQUAL JUSTICE UNDER LAW



EQUALITY
ILLINOIS

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The Fine Print.

This tool kit has been designed to assist transgender individuals who are faced with the sometimes difficult task of changing their names and identification documents. It contains information to guide transgender individuals in Illinois through the process of changing one's name and obtaining a new birth certificate, driver's license, Social Security card, and passport as well as to provide information regarding your obligation for registering with the United States Selective Service Administration. This process does not require the use of an attorney, although one may be helpful. This publication does not constitute legal advice, and the information contained in this publication may not completely meet your individual needs. Only an attorney can give you legal advice after discussing your particular situation with you.

Changing Your Legal Name

The first step that must be taken before you can modify your identification documents is to change your legal name. This is done through a court order. You will receive a final judgment from the court changing your legal name. It is recommended that you obtain multiple certified copies of your judgment on the day your name is changed as you will need certified copies of your judgment to change several of your identity documents.

The next step you may wish to take is to change your driver's license and/or state identification. Having your new name on this supporting identification is required to subsequently change certain forms of identification, such as your Social Security card and passport. Moreover, Illinois requires individuals who have changed their names to obtain amended driver's licenses within thirty days of their name change.

Once you have completed the name change process and obtained an amended driver's license and/or state identification card, you may change your other identity documents, including your birth certificate, passport, etc. according to your situation and needs. Keep in mind that you may need certain identity documents modified sooner because they will be necessary to submit to other agencies as part of their amendment process as detailed below.

FREQUENTLY ASKED QUESTIONS

Why get a legal name change?

It may be necessary for a transgender person to get a court ordered name change for a number of reasons. Presenting official identification such as a birth certificate, driver's license, Social Security card, or school identification card with a name and picture inconsistent with a person's current gender identity may create difficult situations on a regular basis. Essentially, presenting conflicting identification immediately "outs" an individual as transgender, which could result in harassment and even violence. It may also create problems when traveling, applying for jobs or registering for classes at school. A court ordered name change can help alleviate some of these problems.

Do I need an attorney?

An attorney is not necessary to obtain a legal name change. This is a process you can do yourself. However, every situation is different, so if you have questions or concerns about these forms or your legal rights, we strongly recommend that you talk to an attorney. If you would like a referral to an attorney in your area who can assist you in this process, please call Lambda Legal's referral line at 312-663-4413.

What if I am a minor?

If you are under the age of eighteen, you must complete a different set of forms specifically created for minors who wish to change their name. If you are under 18, you must have your parent or legal guardian's permission in order to petition for a legal name change.

How much will it cost?

The cost of a legal name change will vary from county to county. As of June 2012, the filing fee in Cook County was \$337. You must file a name change petition in the county in which you live. Call the Clerk of the Court for your county to find out the exact cost and what forms of payment are accepted. A phone and address list for the Clerk of the Court in each Illinois county is included in the Related Links at the end of this section. There may be additional fees to change your identity documents such as your birth certificate, driver's license, etc. If you are unable to afford a fee, you may be able to obtain leave of the court to waive your court costs by filing a motion. The Related Links section contains information on obtaining a waiver.

How long will it take?

This will vary from county to county. Generally, it takes two to three months to legally change your name, depending on how busy the judge's schedule is.

LEGALLY CHANGING YOUR NAME

Filing your case and setting your hearing date

In order to legally change your name in Illinois, you must file a case with the Circuit Court for the county in which you live. Contact the Clerk of the Court for your county (Clerk of the Court phone and address list is included below in the Related Links of this section) to find out where you need to file your name change case. In most counties, you will file your case at the Clerk of the Court's office, which is usually located in the county courthouse or a branch of the county courthouse.

The petition

A case begins by filing a petition with the court. A petition is a written request to the court to take some type of legal action (such as legally changing your name). The person who originally asks the court to take legal action is called the petitioner; you are the petitioner in your name change case.

As you begin the process, consider the sample name change petition and supporting documents included in the Related Links part at the end of this section. The link to Law Help Interactive, for example, provides online fillable petitions, affidavits and order forms for all of the counties in Illinois. You must complete the petition, filling in all of the blank spaces by typing or writing in black ink.

At the top of the petition (in the heading), the form requires you to list the name of the petitioner. You should list your current legal name (not the new name you wish the court to accept) because at this stage your name change has not yet been granted. In the heading you must also list the judicial circuit, division, and case number. The Clerk of the Court's office can tell you which judicial circuit and division your case will be filed in. Your case number will be assigned when you file your case.

When you have completely filled out the petition (with everything except the case number), you must sign the petition in the presence of a notary public. If you do not know anyone who is a notary public, most banks have someone who can notarize documents for a small fee. After the petition has been notarized, you are almost ready to file the petition with the Clerk of the Court in the county where you live.

Civil Cover Sheet

When you file your petition, you must include a Civil Cover Sheet. A sample Civil Cover Sheet is included in the Related Links section at the end of this section. In the heading of the Civil Cover Sheet, type or write the name of the court (Circuit Court in and for ___ County in the ___ Judicial Circuit), the division and the Case No. (the Clerk of the Court can assist you with this), and the petitioner's name (your current legal name). In the section titled "Petitioner/Plaintiff," you will write your name as follows: "In the Name of [Your Name]." There is no defendant. At the bottom of the form you must list the date you file your petition and sign the form where indicated, listing your address and phone number.

Filing fee

When you file your petition and Civil Cover sheet with the Clerk of the Court, you will be required to pay a filing fee. The filing fee varies from county to county; for example, as of June 2012, the filing fee in Cook County was \$337.00. Contact the Clerk of the Court to find out what the filing fee is in your county. Once you have completed this step, a case number will be assigned and an official court file will be opened. You have now filed your name change case.

If you are unable to afford the filing fee, you may be able to obtain leave of the court to waive your court costs by filing a motion. The Related Links section contains two instructive videos from local legal aid groups providing information as to how to file such a motion.

Set hearing date

At the time you file your case, you will set a hearing date for the court to consider your petition. The procedures for setting a hearing date vary from county to county, so you should ask the Clerk of the Court about the procedure in your area. Depending on the judge, you may or may not be required to attend a final hearing, where the judge may ask you basic questions about your petition for name change. This is to ensure that you are not attempting to change your name for illegal or fraudulent purpose, such as to avoid creditors or to hide from law enforcement authorities. Generally, you may change your name for any purpose that is not a fraudulent purpose. It is not a fraudulent purpose to change your name to one that is more compatible with your gender identity or expression.

Publication

Pursuant to Illinois law, you must publish notice of your name change once a week for three consecutive weeks before your hearing date. This should be done in the newspaper for the county that you live in. If there is no newspaper for the county you live in, you may use a newspaper in the county next to yours. Contact the newspaper to inquire into the process and rates. Make sure the newspaper provides you with a "certification of publication" after the notice has run for three weeks.

Final judgment

The Related Links section also contains sample completed online 'Final Judgment of Change of Name' forms, which the judge may use to finalize your name change. Check with the Clerk of the Court to see if your judge prefers for you to bring a final judgment form with you. If so, you should type or print the heading, including the circuit, county, case number, division, and your current legal name (not the new name you are asking the court to accept). Leave the rest of the form blank for the judge to complete. If the judge grants your petition, he or she will sign the Final Judgment form, which is also called a final order. This officially changes your name.

Certified copies of final order

For a small fee, the Clerk of the Court can provide you with certified copies of the signed final order. The amount of the fee may vary from county to county. It may be helpful to compile beforehand a list of all of the people and/or places that will need a certified copy of your final judgment. This list may include the driver's license office, Social Security office, banks, schools, etc. Making a list may help you figure out how many copies you will need and may save you time and another trip to the courthouse to get extra copies later. You should obtain certified copies of your judgment as soon as possible as these documents will be necessary to change your other identity documents.

Paperwork

You should keep a copy of all paperwork you file with the court as well as all of the documents the court and the clerk's office provide to you.

The name change process step by step:

1. Complete:

- 1) a civil cover sheet ("cover sheet");
- 2) a petition (one original and two copies) to change your name with supporting affidavit ("petition"); and
- 3) a judgment order ("order") (one original and three copies).
The affidavit must be signed by someone who knows you (not a relative) and be notarized.
In Cook County, these forms may be located on the clerk's website.

2. File: your completed forms (cover sheet, petition with affidavit, and order) with your local Circuit Court office. In Cook County, the Circuit Court offices are located in Rolling Meadows, Skokie, Maywood, Bridgeview, Markham and in Chicago at the Richard J. Daley Center, 50 W. Washington, Room 1202.

3. Pay: At the time you file your forms with the court, you also will pay a fee. At this time, the fee is \$337.00 in Cook County. Upon filing your forms, you will receive a court date, judge, room number and time to appear in court at least eight (8) weeks from the date of your filing.

4. **Publish:** Pursuant to Illinois state law, you must publish your notice to change your name in a newspaper once a week for three (3) consecutive weeks before appearing in court on your given court date. You will pay a fee for this publication to the local newspaper. In Cook County, petitioners must publish their change of name in the Daily Law Bulletin which has a desk in Room 802 at the Daley Center located at 50 W. Washington Street, Chicago, Illinois. The fee to publish your notice in the Chicago Daily Law Bulletin is approximately \$110.00. You will give them one copy of your petition, not including the affidavit. You must also include your court date and time, the name of the judge handling your case, the courtroom number, and the case number. The newspaper will need to provide you with a "certification of publication" once the publication has run for three consecutive weeks. You must bring your "certificate of publication" with you to present to the court on your given court date.

5. **Appear:** On your given court date, you will need to go to the judge's courtroom you were assigned when you filed your forms. You should bring with you: copies of all of your filed forms; your certificate of publication; your birth certificate, and any other identification documents you possess including your driver's license and/or state identification card. When the clerk calls your case, respond that you are "here" and approach the bench. The judge will question you regarding your reasons for changing your name. This should not be a scary process: the court primarily is attempting to determine that your change of name is not being done for some fraudulent reason. Answer the judge's questions truthfully. It is customary to address him/her as "Judge" or "Your Honor." Once the judge has completed questioning, he or she likely will sign your order. Congratulations! Your name has been officially changed. Make sure you receive stamped copies of the judge's order before you leave the courtroom.

6. **Certify:** After the court grants your petition for name change, you will probably want to apply to change your other identity documents to reflect your new name. In order to change these other documents, you will need a certified copy of your final judgment order changing your name. To expedite the process of changing your other identity documents, you should obtain certified copies of the judge's order changing your name on the day the court grants your petition. At the Daley Center, you can get additional copies of the judge's order certified in Room 803. Certified copies will cost approximately \$9.00 each.

RELATED LINKS

Informational websites and forms for filing name change petition

- (Cook County Fillable Civil Cover Sheet) http://12.218.239.52/Forms/pdf_files/CCCO0520.pdf
- (Cook- County Online Fillable Petition for Name Change) http://12.218.239.52/Forms/pdf_files/CCCO0039.pdf
- (Cook County- Sample Judgment Order for Name Change) http://12.218.239.52/Forms/pdf_files/CCCO0038.pdf
- (Cook County Clerk's FAQ Regarding Name Change Process) <http://www.cookcountyclerkofcourt.org/?Section=FAQSPage&FAQSPage=ALL&Question=name+change&Answer=&Submit=Submit>
- (Law Help Interactive website Online Tool for Preparing Petition, Affidavit, Order and Notice of Filing that can be used for any Illinois County) https://www.lawhelpinteractive.org/login_form?template_id=template.2009-03-30.3036595798&set_language=en
- (Illinois Legal Aid Website Video Providing Guidance on How to Apply for Fee Waiver to Avoid Paying Court Costs) http://www.illinoislegalaid.org/%5Cindex.cfm?fuseaction=home.dsp_content&contentID=7909
- (Law Help Interactive Website for Preparing Petition to Waive Court Costs) https://lawhelpinteractive.org/login_form?template_id=template.2008-03-26.6222466861&set_language=en
- (List of Illinois Circuit Court Clerks Offices by County) http://www.state.il.us/court/CircuitCourt/CircuitCourtJudges/CCC_County.asp

Changing Other Identity Documentation to Reflect Name and Gender Marker Changes

After the court grants your petition for name change, you will want to apply to change your other identity documents to reflect your new name. In order to change these other documents, you will need a certified copy of your final judgment of name change. The following section describes the processes for changing your other identity documents in one possible logical order. This section also provides information regarding your Selective Service obligations.

Illinois Driver's License or Identification Card

You must obtain an amended driver's license with your new legal name once you received a court order changing your legal name. This is done by presenting a certified copy of your judgment and paying the required fee.

Within 10 days of changing your name, you must notify the Secretary of State by visiting a Driver Services facility or by writing to the Driver Services Department, Central Services, 2701 S. Dirksen Parkway, Springfield, Illinois 62723. You are required by Illinois law to obtain a replacement driver's license or Illinois ID card showing your new name within 30 days of legally changing your name.

How do I amend name on driver's license or state ID card? Where do I apply?

To obtain a replacement license reflecting your new name, go to your local driver's license office and bring along a certified copy of your Final Judgment of Name Change. Once you pay the required fee, they will issue a new driver's license or ID card. An applicant who requests a change in name must also present acceptable identification to create a link pertaining to the change between the previous information and the new information. Your previous driver's license or state identification card will do.

To amend gender marker on driver's license or state ID card

In Illinois, the Department of Motor Vehicles will change the gender marker on your driver's license if you provide documentation that you are taking appropriate steps to change your gender.

To change the gender marker on your driver's license, you must provide either a certified copy of your amended birth certificate or a letter or affidavit from your physician certifying that you have taken or are taking appropriate clinical steps to change your gender.

Amendment fees

The Department of Motor Vehicles charges a \$5 fee to amend a driver's license.

RELATED LINKS

Illinois Secretary of State website

- (Illinois Secretary of State Website) <http://www.cyberdriveillinois.com>
- (Illinois Department of Public Health Gender Reassignment Application Instructions and Sample Physician Affidavits) <http://www.idph.state.il.us/vitalrecords/pdf/genderreassign.pdf>

Social Security Card

After you have received your legal name change, you may apply to change your name on your Social Security card by providing the Social Security Administration with a copy of your name change judgment and supporting identity documents. While not required by law, many find that having a matching name on their Social Security card can prevent confusion and the need for explanations. The Social Security Administration will issue a new Social Security card with your new name, but will NOT issue you a new Social Security number. Your amended card will merely reflect your new name. Therefore, employers and others who conduct a search using your Social Security number may locate documents that reflect your prior name.

To amend name on Social Security card

To change your Social Security card to reflect your new legal name, you must complete Form SS-5, "Application For A Social Security Card," which is included in this section's Related Links. You must also provide:

- 1. Proof of identity:** One or more identity documents in your new legal name. The Social Security Administration will accept the following documents as proof of identity: driver's license, marriage or divorce record, military records, employer ID card, adoption record, life insurance policy, passport, health insurance card (not Medicare), or a school ID card. They do NOT accept birth certificates. All documents must be either originals or certified copies. The Social Security office will NOT accept photocopies of documents, even if notarized. These documents must show your current legal name. For this reason, it is often helpful to obtain your new driver's license or state ID before starting the process to change your Social Security card.
- 2. Proof of former identity:** One or more identity documents in your former name. These documents can be expired.
- 3. A certified copy of your Final Judgment of Name Change.**

To amend gender marker on Social Security card

To change your Social Security records to reflect your reassigned gender, in addition to the above-mentioned documents, you must provide a full-validity, 10-year U.S. passport showing the new sex; a state-issued amended birth certificate showing the new sex; a court order directing legal recognition of change of sex; or a medical certification of appropriate clinical treatment for gender transition in the form of an original letter from a licensed physician. The document must have enough biographical data (e.g., name and date of birth) to clearly identify you.

Amendment fees

There is no fee to change your name or gender marker with the Social Security Administration. If you were born outside of the U.S., you may also be required to show proof of U.S. citizenship or lawful alien status before they will grant the new Social Security card.

Where to apply

You may mail your application to the Social Security office or bring your application and supporting documents to your local Social Security office. Your documents will be returned to you. You can find a Social Security office near you by looking in the phone book or online at <http://www.ssa.gov/locator/>.

How long will it take

Your new Social Security card should arrive within two weeks

RELATED LINKS

Social Security Administration website and forms

- (Social Security website home page) <http://www.ssa.gov>
- (Social Security online Form SS-5) <http://www.ssa.gov/online/ss-5.pdf>

Birth Certificates

If you were born in Illinois, to change your name on your birth certificate, you will need to submit a copy of your final judgment changing your legal name as well as the required fee. A physician's affidavit is also required if you wish to change the gender marker on your birth certificate. Birth certificate records are kept by the state in which you were born.

For specific information about how to amend your birth certificate to reflect your name change if you were born in a state other than Illinois, contact the Department of Vital Records or equivalent agency in the state in which you were born.

To amend name on Illinois birth certificate

If your name has been legally changed, then you will need to send a certified copy of the final court order of legal name change, a copy of your non-expired government issued photo ID, and a check or money order payable to the "Illinois Department of Public Health" (Do not send cash) for the required \$15 fee. Additional copies of the birth certificate are \$2 each if requested at the same time the amendment is being done.

To amend gender marker on Illinois birth certificate

A person born in Illinois, with an existing Illinois birth record, may submit an application to the Illinois Department of Public Health seeking to have the gender changed on his or her own birth record after undergoing an operation(s) having the effect of reflecting, enhancing, changing, reassigning or otherwise affecting gender. Genital reconstructive surgery is not required. You must submit a State of Illinois Gender Reassignment Application, an Affidavit for a New Birth Certificate After Completion of Gender Reassignment Surgery, and a physician affidavit. The physician affidavit that must be provided in support of your application will vary depending on whether your gender reassignment operation occurred in the United States.

If your gender reassignment operation occurred in the United States, A person born in Illinois, with an existing Illinois birth record, may submit an application to the Illinois Department of Public Health seeking to have the gender changed on his or her own birth record after undergoing an operation(s) having the effect of reflecting, enhancing, changing, reassigning or otherwise affecting gender. Genital reconstructive surgery is not required. You must submit a State of Illinois Gender Reassignment Application, an "Affidavit for a New Birth Certificate After Completion of Gender Reassignment Surgery," and a physician affidavit. The physician affidavit that must be provided in support of your application will vary depending on whether your gender reassignment operation occurred in the United States.

If the gender reassignment operation occurred outside of the United States, the application should include an affidavit signed by an examining physician duly licensed to practice medicine in Illinois or any state in the United States. The affidavit shall clearly establish that the examining physician personally examined the applicant and shall clearly state that the identified operation previously performed has reassigned the applicant's gender and justifies a change in the applicant's gender on his/her birth record.

Where to apply

You should mail your completed Application for Amended Birth Certificate, along with all supporting documentation and fees, to: Illinois Department of Public Health, Department of Vital Records, 925 East Ridgely Avenue, Springfield, IL 62702-2737.

What amended birth certificate will look like

Your amended birth certificate will state that it is an “amended birth certificate” and will note the date the change occurred, but will not indicate what items were changed or why they were changed. In Illinois, birth records are not freely accessible by the general public. Such information will remain private unless subpoenaed by a court or requested by you or your parent or legal guardian.

Amendment fees

The fee to create a new birth record is \$15 and includes one certified copy. Additional copies of the same record requested at the same time are \$2 each.

How long will it take

Approximately between 8 to 10 weeks from the date the request is received.

RELATED LINKS

Illinois State Department of Vital Records website and related informational website

- (Illinois State Department of Vital Records home page) <http://www.idph.state.il.us/vitalrecords/index.htm>
- (Illinois Department of Public Health gender reassignment application instructions and sample physician affidavits) <http://www.idph.state.il.us/vitalrecords/pdf/genderreassign.pdf>
- (Illinois Department of Public Health application for correction of birth certificate) <http://www.idph.state.il.us/vitalrecords/pdf/bccorrect.pdf> certificate
- (Private website that provides for a state by state listing of the requirements to amend a birth certificate.) www.drbecky.com/birthcert.html

Passport

You may amend your passport by completing the State Department’s amendment application, submitting the required supporting documentation including a certified copy of your judgment changing your legal name and other identity documents establishing your U.S. citizenship, and paying the required fee.

If you have a U.S. passport and would like to amend your existing passport to reflect your new name and/or reassigned gender, you must fill out and submit the Passport Amendment/Validation Application, also called form DS-11, located in the Related Links following this section. To obtain or renew a passport, you will need:

- Two 2X2 inch photographs of yourself (the photo submitted with the passport application must accurately reflect your current appearance);
- Proof of U.S. citizenship such as a previous passport or birth certificate (The ID presented with the application must reflect your current appearance);
- A completed form DS-11;
- Legal documentation of name change if needed; and
- Current application fees.

If one or more of your submitted documents does not reflect your current gender, a physician’s certification also is required as described below.

To amend name on passport

You must submit a completed form DS-11 along with a certified copy of your Final Judgment of Change of Name and your current valid passport. Photocopies and notarized copies are NOT acceptable. Your amended passport and any documentary evidence will be returned to you via first class U.S. mail after the process is completed.

To amend gender marker on passport

The State Department has issued new rules for obtaining a passport with your current gender if your current documents (prior passports, driver's license, birth certificate, or other documents) do not all reflect your correct gender. In that case, you will need to submit a physician's certification along with your DS-11 form. You will be eligible for a passport of varying terms depending upon whether your gender transition is complete or still in process.

If your gender transition is complete, you will be eligible for a ten (10) year passport. Your supporting physician's letter should be a signed original written on office letterhead and include:

- Physician's full name;
- Medical license or certificate number;
- Issuing state or other jurisdiction of medical license/certificate;
- Drug Enforcement Administration (DEA) registration number assigned to the physician;
- Address and telephone number of the physician;
- Language stating that he/she is your physician and that he/she has a doctor/patient relationship with you;
- Language stating that you have had "appropriate clinical treatment" for gender transition to a new gender; and
- Language stating "I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct."

If your gender transition is in process, you are eligible for a limited validity two (2) year passport. In that case, your signed original physician's letter written on office letterhead must include:

- Physician's full name;
- Medical license or certificate number; and
- Issuing state or other jurisdiction of medical license/certificate

The physician's "certification letter" may be from any licensed physician with whom you have a doctor-patient relationship (or who is familiar with your transition-related treatment, including a primary care physician). Your physician's letter must include a statement that you have received the "appropriate clinical treatment" for gender transition but does not need to include any specifics about the treatment. No specific treatment is required by the Department of State. The Department leaves it up to the physician to determine what treatment is appropriate on a patient by patient basis.

Amendment fees

There is no fee to amend your passport unless you require expedited service. The expedited service fee is \$60.00. More information on expedited service can be found on the instruction page following form DS-11.

Where to apply

You may not renew your passport via the mail. You must renew your passport in person at any passport acceptance facility. These include courthouses, post offices, some public libraries, and certain county and municipal offices.

RELATED LINKS

United States State Department website and forms and related guide

- (National Center for Transgender Equality guide for understanding State Department's passport gender change policy, updated January 2011) http://transequality.org/Resources/passports_2011.pdf
- (United States State Department identification requirements for gender reassignment applicants) http://travel.state.gov/passport/get/first/first_5100.html
- (United States State Department Passport Application Form DS-11) http://travel.state.gov/passport/forms/ds11/ds11_842.html

Selective Service

If designated female at birth

If you were designated female at birth and have had gender reassignment surgery, you do not need to register with the Selective Service. However, if you are applying for federal benefits that require proof of Selective Service registration (including educational loans), you will need to show that you were never required to register. People designated female at birth are never required to register. You can prove this by requesting a "Status Information" letter from the Selective Service System ("Request for Status Information Letter" form included in Related Links below). You must explain in detail why you believe you were not required to register for the selective service (e.g. you were designated female at birth or an intersexed condition and have now completed sex reassignment). You should also include supporting documentation, such as a letter of affidavit from your treating physician (see sample physician's affidavit included in Related Links section regarding correcting your birth certificate) and a copy of your original birth certificate (with female gender marker).

Complete the 'Request for Status Information Letter' form and submit it along with all supporting documentation to:

Selective Service System
Data Management Center
P.O. Box 94638
Palatine, IL 60094-4638
Phone: 847-688-6888, Toll free: 1-888-655-1825
847-688-2567
email: DMCSupport@sss.gov

If designated male at birth

If you were designated male at birth, even if you had gender reassignment surgery, you must register with the Selective Service. However, in the event the draft is resumed, you can file a claim for exemption from military service if you receive an order for an examination or induction.

RELATED LINKS

United States Selective Service Administration website FAQ

- (United States Selective Service System FAQ regarding reporting requirements for transgender citizens)
<http://www.sss.gov/QA.HTM#quest35>
- (Sample Request for Status Information Letter and related instructions)
http://www4.wccnet.edu/studentervices/studentconnection/financialaid/pdf/forms_page/Selective_Service_Status_Letter.pdf

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IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

IN THE MATTER OF THE PETITION OF

FOR CHANGE OF NAME TO



No. _____

PETITION

I/We, _____, request the entry of an order by this Honorable Court in compliance with the provisions of 735 ILCS 5/21-101 et. seq. for a change of name and in support of this petition and under penalties for perjury as provided by Section 1-109 of the Code of Civil Procedure (735 ILCS 5/1-109) state:

A. FOR MYSELF

- 1. My date of Birth is: _____.
- 2. My place of birth was: _____.
- 3. My current residence address is: _____.
I have lived in Illinois since _____, _____. (Insert date.)
- 4. I will have published notice of my intention to apply to this court for a change of name. A copy of that notice will be filed with the Clerk of Court.
- 5. I am am not required to register as a sex offender under the Sex Offender Registration Act (730 ILCS 150/1 et. seq.).
- 6. I have have not been convicted of identity theft.
- 7. I have have not been convicted of aggravated identity theft.
- 8. I have have not been convicted or placed on probation for a felony or misdemeanor in the State of Illinois or any other state. (If you have been convicted or placed on probation give details including name of offense, date of conviction or probation, sentence imposed and date of end of sentence including parole or mandatory supervised release.) _____
- 9. I request the Court change my name to: _____.

(If petition is only filed on your behalf go to Section D, sign and complete.)

B. FOR MY SPOUSE

- 10. My spouse's current name is: _____; his/her date of birth is: _____.
- 11. My spouse's place of birth was: _____.
- 12. My spouse's current residence address is: _____.
I have lived in Illinois since _____, _____. (Insert date.)
- 14. I will have published notice of my intention to apply to this Court for a change of name. A copy of that notice will be filed with Clerk of Court.
- 15. My spouse is is not required to register as a sex offender under the Sex Offender Registration Act (730 ILCS 150/1 et. seq.).
- 16. My spouse has has not been convicted of identity theft.
- 17. My spouse has has not been convicted of aggravated identity theft.
- 18. My spouse has has not been convicted or placed on probation for a felony or misdemeanor in the State of Illinois or any other state. (If you have been convicted or placed on probation give details including name of offense, date of conviction or probation, sentence imposed and date of end of sentence including parole or mandatory supervised release.) _____
- 19. I request the Court change my name to: _____.

C. FOR MY CHILDREN

20. Name of Child	Age	Date and Place of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional sheet if more than 4 children)

21. My Relationship to the child(ren) is: _____
(Parent, Guardian, Head of Household where child has resided for 3 years)

22. I feel it is in the best interest of the Child(ren) that a name change occur because: _____

23. The name and address of each child's parents are:

Name of Child	Father	Mother
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____

(If more than four children, attach additional sheet listing Name of Child, Name of Father and Mother of that child. This list should assign a letter to the child; for example child 5 should be assigned E and so forth.)

Each Parent has:

(The parents of a minor child whose name is sought to be changed must either consent in writing to the change of name or be given notice of the hearing date and time so tht the parent may appear and voice any objections. For each parent please place the letter that identifies the child on the line to indicate whether the parent has consented or received notice.)

_____ Consented to the change of name by signing this petition;

_____ Received notice of this Petition and Court Date (Bring proof of service of notice dated at least 10 days before the court date to court on hearing date.)

_____ Cannot be located and has received Notice of these proceedings by Publication (Affidavit detailing efforts to locate absent parent, copy of notice provided to absent parent and proof of service of notice required to be presented in Court at hearing.)

24. I request that the Child(ren) name(s) be changed to:

From:	To:
A. _____	A. _____
B. _____	B. _____
C. _____	C. _____
D. _____	D. _____

(OVER)

D. SIGNATURE

Under penalties of perjury as provided in Section 1-109 of the Code of Civil Procedure (735 ILCS 5/1-109) I certify that I have read the Petition for Change of Name filed by _____ and state all of the facts contained therein are true.

Signature of Petitioner

Signature of Second Petitioner

Print Name

Print Name

Street Address

Street Address

City/State/Zip

City/State/Zip

E. AFFIDAVIT BY PERSON OTHER THAN PETITIONER

State of Illinois }
Cook County } ss:

_____ being duly sworn on oath deposes and says that I am acquainted with

(Print Name of Petitioner(s))

_____ who reside(s) at: _____

_____ who is/are the petitioner(s) in this cause, and who has/have signed this petition; that I read this petition and know the contents thereof, and the matters and things stated therein are correct to the best of my knowledge and belief.

Affiant

Subscribed and sworn to before me this _____ day

of _____, _____.

Atty. No.: _____

Name _____

Atty. for: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Notary Public

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, COUNTY DIVISION

Plaintiff/Petitioner

v.

No. _____

Defendant/Respondent

COUNTY DIVISION ACTION COVER SHEET

A County Division Action Cover Sheet shall be filed with the complaint in all civil actions. The information contained herein is for administrative purposes only and cannot be introduced into evidence. Please select the appropriate general category and then check the subcategory thereunder, if applicable, that best characterizes your action.

MENTAL HEALTH PROCEEDINGS:

- 0003 Petition for Involuntary Commitment/Treatment under Mental Health & Developmental Disabilities Code
0011 Petition for Writ of Habeas Corpus
0010 Petition to review records of treatment under the Mental Health & Developmental Disabilities Code

Actions relating to Collectors Application for Judgment and Order of Sale (35 ILCS 200/21-175)

- 0012 Annual Tax Sale
0013 Scavenger Tax Sale
0045 Certificates of Error
0042 Petition to Vacate Tax Sale
0051 Real Estate Tax Refund
0040 Special Assessment

ADOPTION PROCEEDINGS:

- Petition for Adoption (750 ILCS 50/1 et seq.)
0001 Petitioner(s) related to adoptee
0006 Petitioner not related to adoptee
0007 Adult adoption
0029 Petition to Establish Putative Father Identification
0002 Petition for Appointment of a Confidential Intermediary
0034 Action brought under the Abandoned New Born Infant Act

ELECTION MATTERS:

- 0021 Review of Actions of an Electoral Board
0022 Election Contest as authorized under Article 23 of the Election Code
0023 Petition seeking the appointment of a public member to an electoral board
Other:

OTHER ACTIONS:

- 0014 Action brought under the Emancipation of Minors Act
0015 Petition seeking judicial approval of an underage marriage
0037 Action brought under the Estray and Lost Property Act
0043 Estate Tax
0044 Inheritance Tax
0038 Petition seeking Annexation to a taxing body
0039 Petition seeking Disconnection from a taxing body
0016 Petition seeking commitment/treatment/isolation of persons infected with a contagious disease
0017 Action concerning the operation of Drainage Districts
0018 Action brought under Article 14 of the School Code
0046 Civil Asset Forfeiture
0049 Petition to Change Name
Other:

REAL ESTATE TAX MATTERS:

- 0031 Actions to Collect Unpaid Tax/Tax Sale Bid
0041 Administrative Review of Decision of the Property Tax Appeal Board
Tax Objection Complaints
0024 Valuation Complaint
0025 Tax Rate Complaint
0033 Action Seeking Payment from the Indemnity Fund
0026 Petition for Tax Deed and Related Proceedings
0027 Petition to Expunge Redemption
0028 Petition for Relief Prior to Filing of Petition for Tax Deed

Hearing Date on Take Notice

Calendar 8, 9:30 a.m.

By:

(Attorney/Code)

(Pro Se)

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS



IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

FOR CHANGE OF NAME

} No. _____

JUDGMENT ORDER

This cause having come to be heard upon the petition filed herein, with the Court being fully advised in the premises of the contents of the petition and attached affidavit. The Court being further advised that proper notice of the petition for a change of name was given in the following manner: (Describe in detail the type of Notice given, i.e. publication, personal service, service by mail.) _____

which the Court finds sufficient to satisfy the requirements of the statute.

That all of the material facts alleged in said petition are true; that the Petitioner(s) is/are a resident(s) of the State of Illinois and has resided therein continuously for a period of at least six months, or residents of the County of Cook at the time this petition was filed, that the conditions required by the Act of the General Assembly of the State of Illinois, entitled "Change of Name Act" have been complied with; that this Court has jurisdiction of the persons and of the subject matter hereof; (check, if applicable) that it is in the best interest of the child(ren) that a change of name be granted. Therefore:

IT IS ORDERED; That the Names of the Petitioner(s) are changed as follows:

- A. Petitioner's Name from: _____ to _____;
B. Spouse's Name from: _____ to _____;
C. Child's Name from: _____ to _____;
D. Child's Name from: _____ to _____;
E. Child's Name from: _____ to _____;
F. Child's Name from: _____ to _____;

ENTERED:

Dated: _____, _____ Judge Judge's No.

(If space for additional names is needed, attach another order form and mark this form Page 1 of _____.)



STATE OF ILLINOIS GENDER REASSIGNMENT APPLICATION INSTRUCTIONS

After a gender reassignment operation(s) by a U.S. licensed physician, the *Affidavit by Physician after Completion of Gender Reassignment* must be completed by the physician who performed the operation(s) and the *Affidavit for a New Birth Certificate after Completion of Gender Reassignment* must be completed by the applicant. Each affidavit must be notarized and the original submitted to this office.

After a gender reassignment operation(s) performed outside of the United States, the *Affidavit by Physician Verifying Completion of Gender Reassignment Operation* must be completed by an examining physician duly licensed to practice medicine in Illinois or any other state in the United States. This form can also be used if the physician who performed the operation is no longer practicing, is unavailable or his/her license has been revoked or expired. The *Affidavit for a New Birth Certificate after Completion of Gender Reassignment* must be completed by the applicant. Each affidavit must be notarized and the original submitted to this office.

If you have had a legal name change by court order that has **NOT** been reflected on your birth certificate, include a certified copy of the court order. Make sure to check the appropriate box on the *Affidavit for a New Birth Certificate after Completion of Gender Reassignment* to indicate your request to have your name changed. If you do not include a certified copy of that court order of legal name change, the new birth certificate will reflect the name as it currently appears on the original birth certificate.

This office will review the submitted documents and if all requirements are met, will create a new birth record reflecting the new gender designation and name change, if appropriate. The original birth certificate and all documents submitted are placed in a sealed and impounded file which cannot be opened except upon court order.

The fee is \$15 and includes one certified copy of the new birth certificate. Additional copies are \$2 each if ordered at the same time. Make check or money order payable to Illinois Department of Public Health.

Include a copy of your non-expired, government issued identification card (ID).

If you have additional questions, you can reach the Illinois Department of Public Health, Division of Vital Records at 217-782-6553, Monday through Friday, from 10:00 a.m. to 3:00 p.m.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Division of Vital Records
925 E. Ridgely Avenue
Springfield, IL 62702-2737





AFFIDAVIT BY PHYSICIAN AFTER COMPLETION OF GENDER REASSIGNMENT

State of _____ :
County of _____ : SS

I, _____ being M.D./D.O., being duly sworn on oath and acknowledging the criminal penalties of perjury and filing a false affidavit, state that I am licensed in good standing to practice medicine in the U.S. state of _____ and that I have personally performed an operation(s) on _____ (name of applicant). By reason of the following named operation or operations (list the name of the operation(s)) _____,

_____ on _____ (name of applicant), the gender from _____ to _____ on the applicant's birth certificate should be changed.

Signature of Physician _____

PHYSICIAN'S INFORMATION

License number _____ Issuing state _____

Office street address _____

Office city, state and ZIP code _____

Office telephone and facsimile numbers _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public Signature

Notary Public Stamp or Seal





**AFFIDAVIT BY PHYSICIAN VERIFYING COMPLETION
OF GENDER REASSIGNMENT**

State of _____ :
County of _____ : SS

I, _____ M.D./D.O., being duly sworn on oath and acknowledging the criminal penalties of perjury and filing a false affidavit, state that I am licensed in good standing to practice medicine in the U.S. state of _____ and that I have personally examined _____ (name of applicant). By reason of that examination, I verify that the following named operation(s) previously performed, (list the name of the operation(s)) _____, _____ on _____ (name of applicant), has reassigned the gender from _____ to _____ and by reason of that operation(s), justifies a gender change on the applicant's birth certificate.

Signature of Physician _____

PHYSICIAN'S INFORMATION

License number _____ Issuing state _____
Office street address _____
Office city, state and ZIP code _____
Office telephone and facsimile numbers _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public Signature

Notary Public Stamp or Seal





**AFFIDAVIT FOR A NEW BIRTH CERTIFICATE
AFTER COMPLETION OF GENDER REASSIGNMENT**

State of _____ :
County of _____ : SS

I, _____ being duly sworn on oath and acknowledging the criminal penalties of filing a false affidavit, state that the below identified person has undergone an operation(s) that reassigned that person's gender. Therefore, I request that you create a new birth certificate reflecting a different gender designation for the following person due to completion of a gender reassignment operation(s).

BIRTH CERTIFICATE INFORMATION

Name _____
(as listed on the record)

Date of Birth _____ Place of Birth _____
(month, day and year) (city and county)

Mother/co-parent's name _____
(must include name prior to first marriage/civil union)

Father/co-parent's name, if listed on the birth certificate _____
(must include name prior to first marriage/civil union)

I request to have my name changed as per the enclosed certified court order of legal name change.

Signature _____
(of applicant, parent/co-parent or guardian if applicant is not of legal age)

CURRENT ADDRESS

Street address, apartment and floor _____

City, State and ZIP code _____

Telephone number _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public Signature

Notary Public Stamp or Seal





UNDERSTANDING THE NEW PASSPORT GENDER CHANGE POLICY

Updated January 2011



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 include all of the information seen here. You should ask your physician to use this letter and not give additional personal health information that is not included here.

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

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

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

Signature

Typed Name

Date

WHAT CONSTITUTES APPROPRIATE CLINICAL TREATMENT

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

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

OTHER MEDICAL INFORMATION

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

PASSPORTS FOR MINORS

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

NAME CHANGE ON PASSPORTS

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

APPLYING FOR A PASSPORT

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

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

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

APPLYING 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 Passport Book Replacement);
2. A physician certification, as described above, stating that you have had appropriate clinical treatment for gender transition.

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

CONSULAR RECORD OF BIRTH ABROAD

A Consular Record of Birth Abroad (CRBA) is the equivalent of a birth certificate for American citizens born abroad. The 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>

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



APPLICATION FOR A U.S. PASSPORT

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

I applied: Place: _____

Date: _____

FOR 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 24/7.

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.

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

If your most recent passport book and/or passport card was issued less than 15 years ago and you were over 16 years old at the time of issuance, you may be eligible to use Form DS-82. To determine your eligibility, please visit travel.state.gov, or contact NPIC. Address any requests for the addition of visa pages to a passport agency or a U.S. consulate or embassy abroad. In advance of your departure, check for any visa requirements with consular officials of the countries you will be visiting.

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 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. Statement can **not** be more than 3 months old and **must** come with a photocopy of the front and back side of the second parent's 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-3053 (made under penalty of perjury) explaining in detail the second parent's unavailability.

● **AS DIRECTED BY REGULATION 22 CFR 51.21 AND 51.28:**

- Each minor child applying for a 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. consulate 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.

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 USC 1001, 18 USC 1542, and/or 18 USC 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 USC 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 USC 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, country, 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 following evidence: an early baptismal or circumcision certificate, hospital birth record, early census, school, medical, or family Bible records, or newspapers or insurance files. Notarized affidavits of persons having knowledge of your birth may be submitted in addition to some of the records listed above. Evidence 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. Visit travel.state.gov for details.

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), and proof of your admission to the United States for permanent residence.
- If you Claim Citizenship through Birth Abroad to 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 citizenship of your parent, your parents' 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 Birth Abroad to Two U.S. Citizen Parents: 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), parents' marriage certificate, proof of your parents' citizenship, 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) 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.

NOTE: You may receive your newly issued document and your returned citizenship evidence in two separate mailings. If you are applying for both a 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.

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 2 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 thin 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 passport photographs. Any photographs retouched so that your appearance is changed are unacceptable. Snapshots, most vending machine prints, and magazine or full-length photographs are unacceptable. Digitized photos 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

● **If you are sixteen years of age or older:** Your 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 sixteen years of age:** Your passport will be valid for 5 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.)

BY LAW, THE PASSPORT FEES ARE NON-REFUNDABLE. PLEASE VISIT OUR WEBSITE AT TRAVEL.STATE.GOV FOR CURRENT FEES.

● **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 "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 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 passport, please contact the National Passport Information Center.

If you choose to provide your email address in Item #6 on this application, Passport Services will 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.

DS-11 12-2010

Instruction Page 2 of 4

FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 USC 6039E) requires you to provide your Social Security Number (SSN), if you have one, when you apply for a U.S. passport or renewal of 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 Department of State must provide your SSN and foreign residence information to the 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 USC 214, 22 CFR 22.1, and 22 CFR 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 Department of State will take action to collect the delinquent fees from you under 22 CFR Part 34 and the Federal Claims Collection Standards (see 31 CFR 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 Department of Treasury for collection. Debt collection procedures used by 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 NUMBERS

Your Social Security Number will be provided to 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.

PAPERWORK REDUCTION STATEMENT

Public reporting burden for this collection of information is estimated to average 85 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: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20520-2202.

IMPORTANT NOTICE TO APPLICANTS WHO HAVE LOST OR HAD A PREVIOUS 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 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 passport book or passport card by phone, call NPIC or visit our website at travel.state.gov.

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

PRIVACY ACT STATEMENT

AUTHORITIES: Collection of the information solicited on this form is authorized by Titles 8, 22, and 26 of the United States Code, and other applicable laws and regulations, including 22 USC 211a et seq.; 8 USC 1104; 26 USC 6039E, Section 236 of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001; Executive Order 11295 (August 5, 1966); and 22 CFR parts 50 and 51.

PURPOSE: The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a U.S. passport.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies and private contractors to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement, fraud prevention, border security, counterterrorism, litigation activities, and administrative purposes. The information may be made available to foreign government agencies to fulfill passport control and immigration duties. The information may also be provided to foreign government agencies, international organizations and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address potential violations of law or to further the Secretary's responsibility for the protection of U.S. citizens and non-citizen nationals abroad. The information may be made available to the Department of Homeland Security and private employers for employment verification purposes. For a more detailed listing of the routine uses to which this information may be put see the Department of State's Prefatory Statement of Routine Uses relative to the Privacy Act (Public Notice 6290 of July 15, 2008) and the listing of routine users set forth in the System of Records Notices for Overseas Citizen Services Records (State-05) and Passport Records (State-26) published in the Federal Register.

Your social security numbers will be provided to the U.S. Department of Treasury and failure to provide it may subject you to a penalty, as described in the Federal Tax Law provision. It also may be used for identification verification for passport adjudication and 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 otherwise is voluntary, but failure to provide the information requested on this form may result in processing delays or the denial of your U.S. passport application.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Failure to provide the information requested on this form may result in Passport Services' refusal to accept your application or result in the denial of a U.S. passport.

ELECTRONIC PASSPORT STATEMENT

The Department of State now issues a type of passport book containing an embedded electronic chip and called an "Electronic Passport". 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.

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.

Name of Applicant (Last, First & Middle)				Date of Birth (mm/dd/yyyy)	
11. Height	12. Hair Color	13. Eye Color	14. Occupation (if age 16 or older)	15. Employer or School (if applicable)	
16. Additional Contact Phone Numbers					
		Home Work	Cell _____	Home Work	Cell _____
17. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.					
Street/RFD # or URB (No P.O. Box)				Apartment/Unit	
City			State	Zip Code	
18. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.					
Name		Address: Street/RFD # or P.O. Box		Apartment/Unit	
City	State	Zip Code	Phone Number	Relationship	
19. Travel Plans					
Date of Trip (mm/dd/yyyy)		Duration of Trip	Countries to be Visited		
20. Have you ever been married? Yes No <i>If yes, complete the remaining items in #20.</i>					
Full Name of Current Spouse or Most Recent Spouse		Date of Birth (mm/dd/yyyy)	Place of Birth	U.S. Citizen? Yes No	
Date of Marriage (mm/dd/yyyy)	Have you ever been widowed or divorced?		Yes No	Date (mm/dd/yyyy)	
21. Have you ever applied for or been issued a U.S. Passport Book? Yes No <i>If yes, complete the remaining items in #21</i>					
Name as printed on your most recent passport book			Most recent passport book number		
Status of your most recent passport book			Date most recent passport book was issued or approximate date you applied (mm/dd/yyyy)		
Submitting with application	Stolen	Lost	In my possession (if expired)		
22. Have you ever applied for or been issued a U.S. Passport Card? Yes No <i>If yes, complete the remaining items in #22</i>					
Name as printed on your most recent passport card			Most recent passport card number		
Status of your most recent passport card			Date most recent passport card was issued or approximate date you applied (mm/dd/yyyy)		
Submitting with application	Stolen	Lost	In my possession (if expired)		
PLEASE DO NOT WRITE BELOW THIS LINE					
FOR ISSUING OFFICE ONLY					
<input type="checkbox"/> Sole Parent					
Name as it appears on citizenship evidence _____					
<input type="checkbox"/> Birth Certificate	SR	CR	City	Filed:	Issued:
<input type="checkbox"/> Report of Birth	240	545	1350	Filed/City:	
<input type="checkbox"/> Nat. / Citiz. Cert.	Date/Place Acquired:			A#	
<input type="checkbox"/> Passport	C/R	S/R	Per PIERS	#/DOI:	
<input type="checkbox"/> Other:					
<input type="checkbox"/> Attached:					
<input type="checkbox"/> P/C of ID	<input type="checkbox"/> DS-3053	<input type="checkbox"/> DS-64	<input type="checkbox"/> Bio Quest	<input type="checkbox"/> Citz W/S	<input type="checkbox"/> DS-10
<input type="checkbox"/> DS-86	<input type="checkbox"/> DS-71	<input type="checkbox"/> DS-60			
					 * DS 11 C 12 2010 2 *

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

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

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

Original Social Security Card

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

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

Replacement Social Security Card

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

Changing Information on Your Social Security Record

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

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

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

IF YOU HAVE ANY QUESTIONS

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

EVIDENCE DOCUMENTS

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

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

Evidence of Age

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

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

Evidence of Identity

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

As proof of your identity, you must provide a:

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

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

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

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

Evidence of U.S. Citizenship

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

Evidence of Immigration Status

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

HOW TO COMPLETE THIS APPLICATION

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

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

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

HOW TO SUBMIT THIS APPLICATION

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

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

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

PRIVACY ACT STATEMENT Collection and Use of Personal Information

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

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

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

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

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

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

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

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD		First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
2	Social Security number previously assigned to the person listed in item 1			<input type="text"/> - <input type="text"/> - <input type="text"/>	
3	PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country			4	DATE OF BIRTH MM/DD/YYYY
			Office Use Only FCI		
5	CITIZENSHIP (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work(See Instructions On Page 3)
			<input type="checkbox"/> Other (See Instructions On Page 3)		
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE Select One or More (Your Response is Voluntary)		
		<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander			
		<input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White			
		<input type="checkbox"/> Asian			
8	SEX		<input type="checkbox"/> Male	<input type="checkbox"/> Female	
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First	Full Middle Name	Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)		<input type="text"/> - <input type="text"/> - <input type="text"/>		
		<input type="checkbox"/> Unknown			
10	A. PARENT/ FATHER'S NAME		First	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)		<input type="text"/> - <input type="text"/> - <input type="text"/>		
		<input type="checkbox"/> Unknown			
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before?				
					<input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)
					<input type="checkbox"/> No
					<input type="checkbox"/> Yes (If "yes" answer questions 12-13)
12	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY		
14	TODAY'S DATE MM/DD/YYYY		15 DAYTIME PHONE NUMBER		
				Area Code	Number
16	MAILING ADDRESS (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No.		
		City	State/Foreign Country		ZIP Code
17	YOUR SIGNATURE		18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:	
				<input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____	
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)					
NPN		DOC	NTI	CAN	ITV
PBC	EVI	EVA	EVC	PRA	NWR DNR UNIT
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
			DATE		
			DATE		

INSTRUCTIONS

For filling out the “Request for Status Information Letter”

SECTION 1:

- Name: you must provide your complete name, and any other names you have ever used. If you have more than one last name, you must provide both names.
- Address: you must include your complete mailing address. Forms received without a mailing address will not be processed.
- Social Security Account Number: If you have a Social Security Account Number, you must provide it. Also, if you have ever used a different Social Security Account Number, provide that as well.
- Date of Birth: This form is only for men born after December 31, 1959, who are 26 years old or older. You must provide your complete date of birth.
- Daytime Telephone Number: If possible, provide a telephone number where you can be reached during the day, in case we need to contact you.
- E-mail Address: If possible, provide your e-mail address in case we need to contact you.

SECTION 2:

This section is for explaining and documenting why you did not register with Selective Service. This section consists of five different parts. You must complete and submit documentation for any and all parts that apply to you.

- Military: To obtain proof of military service, you may call the Veterans Administration at (800) 827-1000, or write to: National Personnel Records Center, GSA, Military Personnel Records, 9700 Page Blvd., St. Louis, MO, 63132.
- Incarcerated, institutionalized, hospitalized, or confined to home: for each instance, provide type of confinement, dates of confinement, and supporting documentation.

NON CITIZEN / ALIEN:

- If you entered the United States for the first time after your 26th birthday, you must provide documentation to support your claim. Valid documentation includes: entry stamp in your passport, I-94 with entry stamp on it, or a letter from the U.S. Citizenship and Immigration Service (USCIS) indicating the date you entered the United States. If you entered the United States illegally after your 26th birthday, you must provide proof that you were not living in the United States from age 18 to age 26. Please note: your Resident Alien Card (Green Card) is not valid as proof of entry to the United States.
- If you entered the United States as a valid non-immigrant alien, and remained in that status to your 26th birthday, you must provide documentation to support your claim. For example, if you entered the United States as an F-1 Student, and remained in that status until your 26th birthday, you would need to provide documentation indicating that you were admitted on an F-1 visa and attended school full-time as required. (Acceptable documents for this situation include copies of your I-20s or a letter from the school you attended indicating your full time attendance as a non-immigrant alien). The same thing applies for all non-immigrant statuses. You must explain, if at any point, you violated the terms of your visa, or overstayed your visa and became an undocumented alien.

(continued on next page)

- You should provide as much information as possible. We will use the information you provide to determine your registration status.
- Transsexual: For individuals who have had a sex change. You must indicate what gender you were born as, and attach documentation which indicates this as well.
- Reason why you failed to register with Selective Service upon reaching age 18 and before reaching age 26: Provide a written explanation for not registering with Selective Service.

SECTION

3:

Sign and date the letter. Return this letter to the address listed with copies of requested documents, and anything else you may wish to include. **Do not send original documents, as they will not be returned.** You should retain a copy of all documents and correspondence submitted.

HELPFUL INFORMATION

- This form is designed to be printed for use, and cannot be completed on line. After printing, complete the form, attach appropriate documentation, and mail to: Selective Service System, ATTN: SIL, PO Box 94638, Palatine, IL 60094-4638.
- This form is for use only by men born after December 31, 1959, who are not registered and are now 26 years old or older.
- This form is not a registration form, and by submitting it, you will not be registered.
- If you feel that you have already registered, verify your registration on our website (www.sss.gov), or call our Registration Information Office at (847) 688-6888 to obtain your Selective Service number.
- E-mail or fax transmissions of this form **will not** be accepted.
- We will issue a Status Information Letter based on the information you provide. This letter will clarify your status with Selective Service.
- If you are being denied a right, benefit, or privilege because you are not registered, submit a copy of your Status Information Letter and an explanation for your failure to register, to the Agency administering the right, benefit, or privilege. That Agency will make the final determination regarding your eligibility. The Selective Service System does not determine your eligibility for any right, benefit, or privilege.

Request for Status Information Letter

I am requesting a Status Information Letter. I am a male who is not registered with Selective Service. I am now twenty six years old or older, and was born after December 31, 1959.

Section 1:			
Name	_____		
	First	Middle	Last
List any other names used	_____		
	Include any multiple last names		
Current mailing address	_____		
	Street address		
	_____	_____	_____
	City	State	Zip code
Social Security Account Number	_____		
Date of Birth	_____		
	Month / day / year		
Daytime Telephone Number	_____		
E-mail Address	_____		

Section 2:

MILITARY:

List dates of active duty service: _____ to _____

List dates of reserve duty service: _____ to _____

List dates of military school service: _____ to _____

Military school attended: _____

Attach **copy** of DD214 (or DD Form 4 if still on active duty)

INCARCERATED, INSTITUTIONALIZED, HOSPITALIZED, OR CONFINED TO HOME:

List dates during which you were (circle appropriate situation) incarcerated, institutionalized, hospitalized, or confined to home. For multiple dates, list all.

_____ to _____, _____ to _____, _____ to _____

Attach proof of each instance

NON CITIZEN / ALIEN:

Date you entered the United States for the first time: _____
month / day / year

INS status at time of entry: _____ List all alien status(es) held since entering the country, and give dates: (attach separate sheet if necessary)

_____ to _____ USCIS Status: _____

Attach **copies** of supporting documentation (see information sheet for detailed instructions regarding this).

TRANSSEXUAL:

At birth my gender was: _____

Attach copy of birth certificate

REASON WHY YOU FAILED TO REGISTER WITH SELECTIVE SERVICE UPON REACHING AGE 18 AND BEFORE REACHING AGE 26:

Section 3:

Sign and date, then send this letter, together with **copies** of required documents and whatever other supporting information you may wish to include to :

Selective Service System
ATTN: SIL
PO Box 94638
Palatine, IL 60094-4638

_____ signature

_____ date

No action can be taken until we receive all of the information/documentation needed. You should retain a copy of all documents and correspondence submitted to us. You should receive a response within 4 to 6 weeks.



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Equality Illinois is the state's oldest and largest organization securing, defending, and protecting equal rights for lesbian, gay, bisexual, and transgender people.

www.EqualityIllinois.org

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