

Transgender ID Project

Name and Gender Marker Change: Maine Quick Reference Guide



GOODWIN



Massachusetts
Transgender
Political
Coalition

ROPES & GRAY



ABOUT THE TRANSGENDER ID PROJECT

The Transgender ID Project is a resource for transgender people living in New England seeking to update their legal name and gender marker on federal and state documents. It is a joint project with GLBTQ Legal Advocates & Defenders (GLAD), the Massachusetts Transgender Political Coalition (MTPC), Ropes & Gray LLP, and Goodwin Procter LLC. Visit us online at www.glad.org/id.

ABOUT THIS GUIDE

This guide was created as a legal resource for transgender and non-binary people who want to change their name and/or gender marker on state and federal identity documents (IDs)¹. In most cases, you do not need to work with an attorney to update your IDs. However, if your situation requires legal assistance, we may be able to pair you with an attorney from Ropes & Gray LLP or Goodwin Procter LLP pro bono (without legal fees).

This guide is meant to be a starting point for you, and in many cases it may be all you need to complete the process. For more complicated situations, like if you have a criminal record or are a minor with a parent who does not consent to your desired changes, more detailed assistance from an attorney may be needed.

If you have questions, you can reach out to the ID Project through www.glad.org/id. There is no charge for this service, although you may still be responsible for any fees associated with changing IDs. Because of high demand, however, it can sometimes take two months or more to match you with a lawyer. Thanks for your patience!

This guide provides the most common forms used to complete the name change and gender marker change process. Before each form, you will find information about the form and tips for filling it out. Please note that not every section or every form applies to your situation – you will need to read carefully to understand which forms you will need.

¹ *Disclaimer: This guide is intended to provide general information only and does not constitute legal advice. The provision of this guide does not create an attorney-client relationship.*

The order in which you update your ID documents, or whether you decide to change some but not all of them, is flexible, but we generally recommend that you change your documents in this order:

1. Name change
2. Social Security Card (name and gender, as applicable)
3. U.S. Passport (name and gender, as applicable)
4. Driver's License or State ID Card (name and gender, as applicable)
5. Birth Certificate (name and gender, as applicable)

Once these documents are updated, it is generally easier to change other documents, such as records with employers. Most of those documents can be changed administratively with a simple phone call, but there are certain documents, particularly marriage certificates or children's birth certificates, that may require additional assistance from an attorney.

A Note About Non-Binary Gender Marker Changes:

Maine allows residents to select "X" as a gender marker on driver's licenses [and birth certificates](#). Currently, federal documents like social security and passports do not offer a non-binary gender marker options. The U.S. State Department announced in June 2021 that it is working to update its policy to offer gender "X" markers on passports. You can find updates on [the State Department website](#). If you are interested in using a non-binary gender marker on any of your state documents or feel you need assistance from an attorney for any reason, please feel free to reach out to the ID Project.

We understand that the steps for changing your name and gender marker may feel overwhelming. We also know that this process is not always a smooth one—government offices can make mistakes or ask questions that may be confusing. If you run into any issues along the way, please reach out to us at www.glad.org/id! We are here to support you. However, if this guide provides you with the resources that you need to complete the process on your own, we wish you all the best.

TABLE OF CONTENTS

About the Transgender ID Project	2
About This Guide	2
Glossary	5
Changing Your Name: Adults (18+)	6
Changing Your Name: Minors (17 And Younger)	17
Affidavit of Indigency for Name Change Petition	23
Social Security Card	27
Physician Letter for Gender Marker Change	34
U.S. Passports	37
Driver's License Name and Gender Marker Change	53
Birth Certificate Name and Gender Marker Change	56

GLOSSARY

Affidavit

A sworn, signed statement. Affidavits must always be truthful and accurate.

Indigency

Indigency means you cannot afford to pay court fees or other state administrative charges, like the filing fee for a name change petition. If this applies to you, this guide has information about submitting an Affidavit of Indigency to request the court waive fees (see “[waive](#)” below).

Non-Binary Gender Marker

A non-binary gender marker is an alternative to listing “M” (male) or “F” (female) as your sex on an ID document. This gender marker is often represented by “X.” Learn more [from the National Center for Transgender Equality](#).

Notarize

Having a document notarized means it is signed by you in the presence of a notary public who verifies that you are the person signing the document. A notary public is someone who is certified to witness the signing of important documents and make sure they are signed willingly. [Find a notary public in your community](#).

Notice or Publication Requirement

Adults (age 18+) changing their name in some counties may be required to take an ad out in a local newspaper to notify the public and creditors about their name change. If this applies to you, the court will tell you what information the notice needs to include and how to submit proof once the ad has run.

Maine does not require minors to publicize their name change except in rare circumstances where the court has concerns about issues like fraud.

If you are concerned about publicizing your name change, there is information in this guide to help you submit a request to have that requirement waived. If you have more questions about the motion to waive publication, please reach out to GLAD Answers at www.gladanswers.org.

Waive

When a court “waives” a requirement, it means you do not have to meet that requirement. For example, if you show that you cannot afford to pay (see “[indigency](#)” above) court fees, the court may waive the cost, meaning you do not have to pay.

CHANGING YOUR NAME: ADULTS (18+)

Required Documents:

- ☐ Completed CN-1 Petition for Change of Name (Adult) (pg. 8).
 - Note that this form asks for reasons for a name change as Item 5. You do not need to disclose personal details here – just write “common usage” or “it’s the name I use.”
- ☐ Completed and notarized Affidavit of Name Change for Adult (pg. 10).
- ☐ Probate Court Jurisdictional Affidavit AF-101 form (pg. 12).
- ☐ A certified copy of your long-form birth certificate (not a copy or “abstract”).
 - The long-form certificate will list all details, such as the parents’ names.
- ☐ A certified copy of any prior name change, such as a marriage certificate or Judgement of Divorce (if applicable).

Optional Documents:

- ☐ N-107 Waiver of Notice (pg. 15)
 - If you are married, some probate courts may require spousal consent. This can be waived with this form or, some courts may have a form your spouse can sign to show they are aware of the name change. [Find out what the waiver requirements are in your area.](#)
 - The probate court can tell you how the notice is served in your county, if required.
- ☐ Petition to waive publication requirement
 - When petitioning to change your name, you may be required to publish a notice in the newspaper. That publication may be waived, at the discretion of the probate judge, or when you show it will cause fear for your safety.
- ☐ AF-105 Indigency – Financial Affidavit

If you are unable to pay the required fees, you can submit this form to the court with your name change petition (pg. 23). The fee may be waived, at the discretion of the probate judge. Please note that some Probate Courts do not accept fee waiver applications.

Where and How To File:

- ☐ File the completed documents with the Maine Probate Court in the county where you live. [Get a full list of probate courts in Maine.](#)
 - Once at the courthouse, bring the documents to the clerk of the court and they will file the documents for you. Some counties are only accepting mail-in filings.
- ☐ The clerk will assign you a "docket number." Make sure to get a receipt or write down your assigned docket number.
 - If the clerk cannot provide a docket number immediately, follow up with the court in a few days to get one.
- ☐ Ask the clerk about the current wait times in your county. In most counties it can take between three weeks and three months for the petition to be processed.
- ☐ The court will publish the petition in a local newspaper of the county where the petition is filed and handle publication notification. There are exceptions if you provide certain evidence that publishing notice would put you in fear for your safety.
- ☐ A hearing may be required at the probate judge's discretion.

Important note: When you complete the name change process, you will receive an order from the probate court and an official Certificate of Name Change.

You should get multiple certified copies (at least two) of the Certificate of Name Change for your purposes in future.

If you are updating your Maine birth certificate, the probate court can provide form VS-14, Notification of Legal Name Change and send it to Vital Records in Augusta

Fees:

- The current filing fee is limited to no more than \$40.

[Visit Maine's website for the most up-to-date forms for name changes.](#)

**CN-1 Petition for Change
Name of Name (Adult)**

STATE OF MAINE

_____ COUNTY PROBATE COURT DOCKET NO. _____

In Re: _____

PETITION FOR CHANGE OF
NAME (ADULT) 18-C M.R.S. §1-
701

1. Full legal name of Petitioner (include middle name, if any):
2. Address, email address and telephone number of Petitioner (include physical address, if different):
3. Date of birth of Petitioner:
4. Petitioner desires to change Petitioner's name to (include middle name, if any):
5. Petitioner desires to change Petitioner's name for the following reasons:

Dated: _____

Petitioner (Using Current Legal Name)

Attorney (if Petitioner is represented by counsel)¹

Attorney for Petitioner(s), if any:

Name

Address

Address

Phone Number

Maine Bar Number

Email Address

¹ See Rule 11

MARP

Affidavit of Name Change for Adult

STATE OF MAINE

_____ COUNTY PROBATE COURT DOCKET NO. _____

In Re: _____

**AFFIDAVIT BY ADULT
SEEKING TO HAVE NAME
CHANGED**

I, _____, am over the age of 18 and am a resident of
_____ in the County of _____.

I have petitioned to have my name changed to _____.

Under penalty of perjury, I hereby affirm that:

1. I am not, by changing my name, attempting to avoid any legal obligation.
2. Children: (check one)
☐ I have no minor children.
☐ I have the following minor children (included ages for children):
3. I am not involved in any bankruptcy proceeding or arrangements with creditors in which my debts to others are being affected, nor do I reasonably anticipate that such proceedings or arrangements are about to begin.
4. I know of no person who had or has reason to have any objection to the change of name I am seeking.
5. The last name which I am seeking to acquire ☐ is ☐ is not the last name of a former spouse.

Dated: _____
Affiant

STATE OF MAINE
COUNTY OF _____, ss.

Personally appeared the above-named _____ who, under penalty of perjury, affirmed the truth of the foregoing statement and acknowledged Affiant's signature thereon to be genuine and to have been executed as Affiant's free act and deed.

Dated: _____
Notary Public

Probate Court Jurisdictional Affidavit AF-101

STATE OF MAINE

_____ COUNTY PROBATE COURT

DOCKET NO. _____

In Re: _____
Minor Child

JURISDICTIONAL AFFIDAVIT

Pursuant to 4 M.R.S. § 251(A), in order for the Probate Court to accept for filing a petition for paternity, guardianship of minor(s), a petition for termination of a guardianship of minor(s), a petition for adoption of minor child(ren), a petition to establish parental rights and responsibilities, a petition for termination of parental rights, or a petition for name change of minor child(ren), Maine's Probate Courts must first determine: 1) whether there are any pending cases involving the child or children in any of Maine's District Courts; and, 2) whether a case involving the child or children has ever been transferred from a Probate Court to a District Court. A "pending" case is a case that has been filed in a District Court, is being litigated in that court, and/or is awaiting decision by that court. In order to assist the Probate Court in determining whether it has jurisdiction, you must provide the following information.

1. Name, date of birth, and address of minor child(ren) _____

2. Name, date of birth, address and telephone number of child(ren)'s first legal parent: _____

3. Name, date of birth, address and telephone number of child(ren)'s second legal parent: _____

4. Name, date of birth, address and telephone number of child(ren)'s guardian: _____

5. Name, date of birth, address and telephone number of Petitioner(s): _____

6. Relationship of Petitioner(s) to child(ren): _____

7. I, _____, state under oath, that I know of no guardianship, adoption, name change, divorce, family matter, protection from abuse, protection from harassment, or child protective custody case concerning the child(ren) that is currently pending before any Maine District Court.

8. I, _____, state under oath, that I know of no guardianship, adoption, or name change case concerning the child(ren) that is currently pending before any Maine Probate Court.

9. I, _____, state under oath, that I know of no proceeding involving custody or other parental rights case concerning the child(ren) that is currently pending before any court of another state.

10. I, _____, state under oath, that I know of no guardianship, adoption, or name change case concerning the child(ren) that was transferred from any Probate Court to the District Court.

In order to determine whether there are any such pending or transferred cases, I have (check all that apply):

- ☐ Asked the child(ren)'s first legal parent, who told me there is no case pending, and no case ever transferred.
- ☐ Asked the child(ren)'s second legal parent, who told me there is no case pending, and no case ever transferred.
- ☐ Asked the child(ren)'s guardian, who told me there is no case pending, and no case ever transferred.
- ☐ Checked with the clerk of the _____ Probate Court, who told me there is no case concerning the child(ren) pending in that court, and no case ever transferred.
- ☐ Checked with the clerk of the _____ District Court, who told me there is no case concerning the child(ren) pending in that court, and no case ever transferred.
- ☐ (Other) _____

11. I, _____, state under oath, that there is a judgment or order issued by the _____ Court that currently affects the care and custody of the child(ren), but there is no open or pending case concerning the child(ren) in that court. A copy of that order is attached.

I understand that, if I give false information on this form, I may be subject to a determination that I am in contempt of court, and I may be sanctioned for that contempt.

I understand that, if the Probate Court learns, at any time, that there is a case concerning the child(ren) pending in one of the Maine District Courts, the case initiated by this petition may be immediately transferred to that court.

Petitioner Signature

Date

STATE OF MAINE
COUNTY OF _____

_____, the Petitioner, personally appeared and made oath that the foregoing is true to the best of Petitioner's knowledge, information and belief and, to the extent it is based upon Petitioner's information and belief, that Petitioner believes the same to be true.

Dated: _____ Notary Public: _____

MARP

N-107 Waiver of Notice

STATE OF MAINE

_____ COUNTY PROBATE COURT DOCKET NO. _____

In Re: _____
(Decedent, Minor or Respondent)

WAIVER OF NOTICE¹

I, _____
(Type or Print Name)

of _____
(Mailing Address)

am above the age of 18 years and am not under any legal disability which would prevent my execution of this waiver.

I am aware that I have or may have an interest in a proceeding to which this waiver relates and that I may have a legal right to participate in hearings relating to this matter and to have notice of all such hearings, as well as all relevant filings and orders given to me.

(Check General or Limited Waiver. IF NEITHER IS CHECKED, THIS IS A GENERAL WAIVER.)

☐ General waiver:

I hereby revoke any previous demand for notice I may have filed and waive all rights to further notice of any proceedings, hearings, filings, orders or any other matters related to this estate until I may revoke this waiver in a writing filed with the court. I do not, by this waiver, waive any right I may have to receive any benefit from this matter to which I may be, by law, entitled.

☐ Limited waiver:

Without revoking any previous demand for notice I may have filed I waive my rights to notice with respect to the following proceedings only:

Date _____, _____.

Person Waiving Notice or his Attorney

Name, bar number, address and telephone number of attorney, if any, for person waiving notice.

¹ See 18-C M.R.S. § 1-402 and Rule 4D.

CHANGING YOUR NAME: MINORS (17 AND YOUNGER)

As of June 2021, your name can be changed in the Probate Court under the process listed below. It can also be changed upon request in the context of a District Court proceeding related to parentage or parental rights (but not a protection from abuse proceeding) or in an [emancipation proceeding](#) for young people ages 16 and over. Courts use the same legal standards for ruling on a name change petition.

Required Documents:

- ☐ Completed and notarized NC-001 Petition for Change of Name (Minor) form (pg. 20).
 - A parent or guardian can submit a petition or affidavit (depending on the county) in the county where you live.
 - If an affidavit is required, the form is available at the probate court in the county of filing. The filing fee for a name change petition is limited to \$40 by law.
 - If one parent or guardian does not agree to sign the petition for your name change, the court will decide based on factors including:
 - ☐ Your preference, age, and ability to express the reason for your name change
 - ☐ Your consent, if you are 14 years old or older
 - ☐ The extent to which you use your preferred name
 - ☐ Whether your name is different from any of your siblings and the degree to which you associate and identify with siblings on any side of your family
 - ☐ Any difficulties, harassment, or embarrassment that you may experience by continuing to have your current or proposed name
 - ☐ Other factors affecting your wellbeing and interests under [the “best interest of the child” standard](#).
 - The form asks for reasons for the name change as Item 12. You do not need to disclose personal details here – just write “common usage” or “it’s the name I use.”
- ☐ Probate Court Jurisdictional Affidavit AF-101 form (pg. 12).
- ☐ A certified copy of your long-form birth certificate (not a copy or “abstract”).
- ☐ The long-form certificate will list all details, such as the parents’ names.

- ☐ A certified copy of any prior name change (if applicable).
- ☐ A death certificate of any deceased parent or guardian (if applicable).

Optional Documents:

- ☐ Affidavit of Indigency
 - If you are unable to pay the required fees, your parent or guardian can submit this form to the court with your name change petition. The fee may be waived, at the discretion of the probate judge. (pg. 23)
 - If your name change is happening through the district court, you should file [CV-191 Financial Affidavit](#) and [CV 067 Application to Proceed Without Payment of Fees](#) to request fees to be waived.

Where and How To File:

- ☐ File your completed documents with the Maine Probate Court in the county where you live. [Find a full list of probate courts in Maine.](#)
 - Once at the courthouse, bring the documents to the clerk of the court and they will file the documents for you. Some counties are only accepting mail-in filings.
- ☐ The clerk will assign you a "docket number." Make sure to get a receipt or write down your assigned docket number.
 - If the clerk cannot provide a docket number immediately, follow up with the court in a few days to get one.
- ☐ Ask the clerk about the current wait times in your county. In most counties it can take between three weeks and three months for the petition to be processed.
- ☐ Unless there are unusual circumstances that concern the court (e.g. fraud), there is no publication requirement for minors.
- ☐ The probate judge may require a hearing. If you are 14-years-old or older, you must attend the hearing. The judge will listen to your interest in and preference for changing your name. Talk to the court personnel about whether a younger child will be asked to speak at the hearing

Important note: You should order multiple certified copies (at least two) of the Certificate of Name Change to have in the future.

If you are updating your Maine birth certificate to change your name only, the probate court can provide form VS-14, Notification of Legal Name Change, and send it to Vital Records in Augusta.

You may prefer to wait until you are able to change your name and gender marker at the same time. You may be asked to fill out a VS-14 when you file your name change petition, but you can wait and do both the gender marker and name together

Fees:

- The current filing fee is limited to \$40.
- We recommend checking with the probate court registers to clarify whether there are any additional fees for the publication order.
- The fee for publication is included in the filing fee.

[Visit Maine's website for the most up-to-date forms for name changes.](#)

NC-001 Petition for Change of Name (Minor)

STATE OF MAINE

PROBATE COURT

County: _____

Docket No. _____

DISTRICT COURT

LOCATION: _____

Docket No. _____

IN RE: _____

Name of Minor

PETITION FOR CHANGE OF NAME

(MINOR)

18-C M.R.S. § 1-701

1. Name of petitioner: _____
2. Address and telephone number of petitioner. (Include physical address, if different):

3. Relationship of petitioner to minor child: _____
4. Name of co-petitioner: _____
5. Address and telephone number of petitioner. (Include physical address, if different):

6. Relationship of co-petitioner to minor child: _____
7. The following certified and valid documents are to be provided to the court:
☐ Birth certificate of minor
☐ Divorce Judgment, if any, including any modifications
☐ Court order pertaining to custody of the child, if any, including any modifications
☐ Death certificate of deceased custodian, if any
8. Full legal name of minor (include middle name, if any):

9. Date of birth of minor: _____
10. The minor currently resides at the following address:

11. Petitioner wishes to change the minor's name to (include middle name, if any):

12. Petitioner wishes to change the minor's name for the following reasons:

Dated: _____

Signature of Petitioner

Dated: _____

Signature of Co-Petitioner

Name

Address

Phone Number

Email

Attorney for Petitioner(s), if any:

Signature of Attorney and Maine Bar Registration Number

Name

Address

Phone Number

Email

STATE OF MAINE

_____ COUNTY

Personally appeared the above named, _____ and
_____, and made oath that the foregoing statements are true under
penalty of perjury.

Before me,

Date: _____

Attorney at Law / Notary Public / Register / Clerk

AFFIDAVIT OF INDIGENCY FOR NAME CHANGE PETITION

About This Form:

- If you or the parent or guardian petitioning on behalf of a minor are unable to pay the required fees, you can submit this form to the court with your name change petition.
- If the court determines that you qualify, court fees will be waived. Note this only applies to fees from the probate court – it will not apply to fees related to other documents (i.e., social security, passport, birth certificate, etc.).
- Remember that this form is a sworn statement to the court and that you should be truthful with all of the information.

Filling Out the Form:

- The form requires you to provide information on cash assets, income, dependents, expenses, and other assets.
- The current filing fee varies by county and is generally between \$90-120.
- The fee for a Notice of Publication is included in the filing fee.

Before Submitting the Form:

- ☐ You must fill out the form in front of a notary public, and have them notarize it.

AF-105 Indigency – Financial Affidavit

STATE OF MAINE

_____ COUNTY PROBATE COURT DOCKET NO. _____

In Re: _____ FINANCIAL AFFIDAVIT

Name _____ Date of Birth _____ Age _____ Phone # _____
Address _____

I am requesting: ☐ court appointed lawyer and/or guardian ad litem ☐ waiver of fees and/or all or part of service costs :

Marital Status: ☐ single ☐ married ☐ divorced ☐ separated ☐ widowed ☐ partnered

I live: ☐ alone ☐ with spouse ☐ with parent ☐ with children ☐ with friend(s) ☐ with partner ☐ other _____

List the names, ages and relationships of any dependents you support: _____

CASH ASSETS: List all money currently available; include joint as well as individual accounts.

- a. Cash on hand \$ _____
- b. Checking Account(s) _____
Name of Financial Institution: _____ \$ _____
- c. Savings Account(s) _____
Name of Financial Institution: _____ \$ _____
- d. Stocks, bonds, trusts, certificates of deposit, IRA, etc. - (specify): _____
\$ _____
- e. Cash posted as bail \$ _____
- f. Other (Christmas Club, etc.) - (specify): _____ \$ _____
- TOTAL CASH ASSETS:** \$ _____

INCOME:

1. EMPLOYMENT (list employer name, address and telephone number)

- a. Where do you work? _____
- b. Length of time employed: _____ ☐ full time ☐ part time ☐ seasonal
- c. If not currently employed, where and when were you last employed and how do you now pay your bills? _____
- d. Do you anticipate other employment or other income within the near future? ☐ Yes ☐ No
If yes, please explain: _____

2. Do you receive any pay or any kind of compensation for any other work, such as odd jobs that are not included above?
If so, please explain: _____

3. MONTHLY/WEEKLY INCOME

- a. Salary and Wages (take home pay) \$ _____ (per ☐ week ☐ month)
- b. Unemployment \$ _____ (per ☐ week ☐ month)
- c. Social Security \$ _____ (per ☐ week ☐ month)
- d. TANF payments \$ _____ (per ☐ week ☐ month)
- e. Alimony/Child Support \$ _____ (per ☐ week ☐ month)
- f. Any income received and not reported above \$ _____ (per ☐ week ☐ month)
(e.g., veteran's benefits, Workers' Comp., pensions/retirement, National Guard, room rental. Please specify.)

4. ASSETS OF SPOUSE (Include any roommate(s) with whom you share expenses; if you are under 18 years old, include your parent(s) and/or your guardian(s)).

- a. Name of Person _____ b. Relationship to you _____
- c. Address _____ d. Number of this person's dependents _____
- e. Is this person employed ☐ Yes ☐ No
- f. Estimated Monthly/Weekly Income \$ _____ (per ☐ week ☐ month)
- g. Is any of this income available to you/used for you? If yes, how much? \$ _____ (per ☐ week ☐ month)

5. Does anyone owe you any money? ☐ Yes ☐ No If yes, how much? \$ _____

6. Have you, or has anyone in your household, received, *or do you expect to receive*, any payments such as retroactive government benefits, tax refunds, pay raises, law suit settlements, etc? If yes, explain. _____

OTHER ASSETS: Property (owned individually or with others)

- a. Do you own a house or other real estate? ☐ Yes. Estimated market value of the property is \$ _____. ☐ No.
What is the amount of mortgage on the property? \$ _____ Who holds the mortgage? _____
- b. List make, model, year and value of all motor vehicles you have (automobiles, trucks, RV's, motorcycles, ATV's, snowmobiles, etc.) _____ \$ _____.
_____ holds the titles to these vehicles, and these vehicles are registered to _____.
- c. List any other personal property (such as TV, stereo, VCR, valuable jewelry, antiques, etc.) having a value of \$50.00 or more. _____
- d. Cash value of insurance policies, pension, retirement or profit sharing, etc. (Specify) _____

EXPENSES:

1. Monthly Living Expenses

- a. Food and other grocery items \$ _____
- b. Housing (rent/mortgage) \$ _____
- c. Utilities (e.g. electricity, heat, water, sewer, telephone) \$ _____
- d. Other (Specify) \$ _____

TOTAL \$ _____

2. Describe any loan payments or any other payments you make on a regular basis which are not normal living expenses.

Lending Institution	Purpose	Total Amount Owed	Monthly Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

3. Describe any regular payments you make for medical care, alimony/child support, child care, etc. (Specify) _____ and total is \$ _____.

4. Is there any other statement you wish to make about your financial condition that may be helpful in evaluating if you qualify for waiver of fees and/or some/all costs related to service and/or court appointment(s)?

I furnish the above information to support my request for waiver of fees and/or all or part of service costs and/or appointment(s) of counsel and/or guardian ad litem. I have read the above form, I understand it, and the answers to the questions are true. I understand that any false answers on this form may subject me to criminal prosecution, and that a court investigator may seek to verify my statements. **I also understand that I have a continuing obligation, personally and through counsel, to report to the court any changes in my address, my employment and/or my financial circumstances. And I agree to pay any waived fees and/or service costs if at any time I become financially able to do so, and, further, I agree to pay appointment costs as payments per any Order are due.**

Date: _____

Signature of Party

Then appeared the above-named _____, who, under penalty of perjury, affirmed under oath the truth of the facts in the foregoing affidavit.

Before me,

Dated: _____

Notary Public/Attorney-at-Law

MARP

SOCIAL SECURITY CARD

About This Form:

The SS-5 Application for a Social Security Card form (pg. 28) is used to change your name and gender marker on your social security record. Note that your card only lists your name; gender markers are kept in a computer file.

Required Documents To Change Your Name:

- ☐ Name Change Order

Required Documents To Change Your Gender Marker:

Any of the following:

- ☐ A signed letter from a physician confirming you had the appropriate clinical treatment (pg. 34);
OR
- ☐ A birth certificate showing the correct gender; OR
- ☐ A court order recognizing the correct gender (note that the Name Change Order does not satisfy this requirement); OR
- ☐ A U.S. Passport showing the correct gender

Submitting This Form:

- We recommend submitting this form and the required documents in person at your local Social Security office.
- If you choose to mail the documents, [you can find your local office here](#).
- For more information, visit the [National Center for Transgender Equality's website](#).

Application for a Social Security Card (SS-5)

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, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from assigning you a Social Security number (SSN) and issuing you a new or replacement Social Security card.

We will use the information to assign you an SSN and issue you a new or replacement Social Security card. We may also share your information for the following purposes, called routine uses:

- To Federal, State, and local entities to assist them with administering income maintenance and health maintenance programs, when a Federal statute authorizes them to use the SSN; and,
- To the Department of State for administering the Social Security Act in foreign countries through its facilities and services.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of Social Security Number (SSN) Holders and SSN Applications, as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - 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. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.**

Application for a Social Security Card

1	NAME TO BE SHOWN ON CARD	First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED			
2	Social Security number previously assigned to the person listed in item 1			
3	PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country		Office Use Only FCI	4 DATE OF BIRTH MM/DD/YYYY
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 9B on Page 3) <input type="checkbox"/> Unknown			
10	A. PARENT/ FATHER'S NAME	First	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3) <input type="checkbox"/> Unknown			
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)			
12	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY	
14	TODAY'S DATE MM/DD/YYYY	15	DAYTIME PHONE NUMBER Area Code Number	
16	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No. City State/Foreign Country ZIP Code		
17	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.			
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		UNIT	
EVIDENCE SUBMITTED							SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW				
							DATE				
							DCL				
							DATE 33				

PHYSICIAN LETTER FOR GENDER MARKER CHANGE

A letter from your physician is one way you can change your gender marker on your Social Security record.

The letter on pg. 36 is a template that you can provide to your physician. We recommend that they do not change the core text of the letter unless they have an objection to any specific content. Most physicians who serve the trans community will be familiar with this template.

The Letter Must:

- ☐ Be signed by a physician (not a physician's assistant or nurse practitioner)
- ☐ Be printed on letterhead from the physician's office
- ☐ Include the physician's full name, address, and telephone number
- ☐ Include the physician's medical license or certificate number and the issuing state or jurisdiction
- ☐ Include language stating that:
 - ☐ They have treated you, or have reviewed and evaluated your medical history
 - ☐ You have had "appropriate clinical treatment" for gender transition
 - There is no required standard clinical treatment, but the physician still needs to include that language
- ☐ Include, "I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct."

Physician Letter Template

[Physician's Letterhead Here]

Physician's Letter Template Certifying Applicant's Gender Change

I, _____ [physician's full name],

_____ [physician's medical license/certificate number],
_____ [issuing state/country of the medical license/certificate],
am the physician of _____ [full name of patient],
_____ [date of birth 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.

I affirm that _____ [Name of Patient] has had appropriate
clinical treatment for gender transition to the new gender of _____ [male/female].

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

Signature of Physician

Date

Typed Name of Physician

Physician's Address

U.S. PASSPORTS

The process for updating your U.S. passport varies depending on several factors.

If you are **only changing your name and already have a valid U.S. passport** that was issued more than a year ago, you can apply by mail with a **DS-82** form.

If you fit into **any of the criteria below**, you must apply in-person with a **DS-11** form.

- You are changing your gender marker OR
- You are changing both your name and gender marker OR
- You do not have a valid U.S. passport OR
- Your current U.S. passport was issued before you were 16 years old OR
- Your current U.S. passport is more than 15 years old

If You Are Changing Your Name With the DS-82 Form, You Will Need:

- ☐ A completed DS-82 U.S. Passport Renewal Application for Eligible Individuals form (pg. 39)
- ☐ Your current, unexpired passport
- ☐ A certified copy of your name change order
- ☐ Recent color photo of yourself. [Review all photo requirements here.](#)
- ☐ Applicable fee: Personal check or money order for \$110 made out to the “U.S. Department of State.”

Submitting Your DS-82 Form and Documents:

- The DS-82 and supporting documents can be mailed to the address listed on the form.

You must mail your application and accompanying documents through the United States Postal Service—not UPS, FedEx, or other companies. Once your application has been submitted, you will be able to [track your application status online](#).

- Supporting documents will be mailed back to you after they are processed.
- Processing usually takes 3–4 months. If you need it sooner, consider using expedited service (additional fee applies).

If You Are Changing Your Gender Marker or Name With the DS-11 Form, You Will Need:

- ☐ A completed DS-11 U.S. Passport Application form (pg. 46)
- ☐ Proof of U.S. citizenship, such as a birth certificate. You will need an original or certified copy **and** a photocopy. The photocopy will not be returned to you.
- ☐ A valid photo ID **and** photocopy of the ID, such as a driver's license or government employee ID. If you have already legally changed your name, your ID should reflect that change.
- ☐ A recent color photograph (no more than 6 months old)
- ☐ Applicable fee: Passport book with standard delivery is \$145.

Submitting Your DS-11 Form and Documents:

- ☐ The DS-11 and supporting documents must be submitted in person at [a local passport center](#).

Note About Non-Binary Gender Markers:

The State Department allows you to self-select your gender marker on your U.S. passport. Currently, you only have the option to select “M” or “F,” but the State Department is in the process of updating its policy to offer an “X” non-binary gender marker.

After the policy is enacted, we will have more information about the potential legal barriers or challenges people with non-binary gender markers on their passports may face.

Learn more on [the State Department's website](#). For additional resources, visit the [National Center for Transgender Equality's website](#).

DS-82
U.S. Passport Renewal Application



U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS
PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

Mailing Date of Application: _____

CAN I USE THIS FORM?

Complete the checklist to determine your eligibility to use this form

I can submit my most recent U.S. passport book and/or U.S. passport card with this application.

☐ Yes ☐ No

I was at least 16 years old when my most recent U.S. passport book and/or passport card was issued.

☐ Yes ☐ No

I was issued my most recent U.S. passport book and/or passport card less than 15 years ago.

☐ Yes ☐ No

The U.S. passport book and/or U.S. passport card that I am renewing has not been mutilated, damaged, lost, stolen or subsequently found.

☐ Yes ☐ No

My U.S. passport has not been limited from the normal ten year validity period due to passport damage/mutilation, multiple passport thefts/losses, or non-compliance with 22 C.F.R. 51.41. (Please refer to the back pages of your U.S. passport book for endorsement information).

☐ Yes ☐ No

I use the same name as on my most recent U.S. passport book and/or U.S. passport card. **--OR--**

☐ Yes ☐ No

I have had my name changed by marriage or court order and can submit proper certified documentation to reflect my name change.

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

You must apply on application form DS-11 by making a personal appearance before an acceptance agent authorized to accept passport applications. Visit travel.state.gov to find your nearest acceptance facility.

U.S. passports, either in book or card format, are only issued to U.S. Citizens or non-citizen U.S. nationals. Each person must obtain his or her own U.S. passport book or passport card. The passport card is a U.S. passport issued in card format. Like the traditional U.S. passport book, it reflects the bearer's origin, identity, and nationality, and is subject to existing passport laws and regulations. Unlike the U.S. passport book, the U.S. passport card is valid only for entry 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.

PLEASE NOTE: Your new passport will have a different passport number than your previous passport.

FOR INFORMATION AND QUESTIONS

Visit the Department of State website at travel.state.gov or 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. and Saturday 10:00a.m.-3:00p.m. Eastern Time (excluding federal holidays). Automated information is available 24 hours a day, 7 days a week.

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

NOTICE TO APPLICANTS RESIDING ABROAD

United States citizens residing outside the U.S. or Canada **CANNOT** submit this form to domestic addresses listed on the Instruction Page 2. Such applicants should visit www.usembassy.gov to find the nearest U.S. Embassy or Consulate for procedures for applying outside the United States.

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

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

WHAT DO I SEND WITH THIS APPLICATION FORM?

- Your most recent U.S. passport book and/or card;
- A certified copy of your marriage certificate or court order if your name has changed;
- Fees; and
- A recent, color photograph.

See below for more detailed information

1. YOUR MOST RECENTLY ISSUED U.S. PASSPORT (BOOK AND/OR CARD FORMAT).

● Submit your **most recently issued** U.S. passport book and/or card. When submitting a U.S. passport book and/or card with this form, please verify that the document was issued at age 16 or older in your current name (or see item #2 below) and issued within the past 15 years. You are also eligible to use this form if you currently have a U.S. passport book and/or card that complies with the previously listed criteria, and would like to obtain a alternative product (U.S. passport book and/or card) for the first time. However, you must submit the product you currently have (U.S. passport book and/or card) with this application. If your U.S. passport book and/or card has been lost, stolen, damaged, or mutilated, you must apply on the DS-11 application form as specified below.

2. A CERTIFIED MARRIAGE CERTIFICATE OR COURT ORDER (PHOTOCOPIES ARE NOT ACCEPTED).

● If the name you are currently using differs from the name on your most recent U.S. passport, you must submit a certified copy of your marriage certificate or court order showing the change of name. All documents will be returned to you by mail. If you are unable to document your name change in this manner, you must apply on the DS-11 application form by making a personal appearance at (1) a passport agency; (2) U.S. embassy or consulate, if abroad; (3) any federal or state court of record or any probate court accepting passport applications; (4) a designated municipal or county official; or (5) a post office, which has been selected to accept passport applications.

3. THE CURRENT PASSPORT FEE (DO NOT SEND ACCEPTANCE AGENT FEE WITH THIS FORM).

● Enclose the fee in the form of a personal check or money order. **MAKE CHECKS PAYABLE TO "U.S. DEPARTMENT OF STATE." THE FULL NAME AND DATE OF BIRTH OF THE APPLICANT MUST BE TYPED OR PRINTED ON THE FRONT OF THE CHECK. DO NOT SEND CASH** Passport Services cannot be responsible for cash sent through the mail. By law, the fees are non-refundable. Please visit our website at travel.state.gov for detailed information regarding current fees. Newly issued passport cards are delivered via first class mail only.

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

FOR FASTER PROCESSING, you may request expedited service. Please include the expedited fee with your application. **Please write "Expedite" on the outer envelope when mailing. Also, TO ENSURE MINIMAL PROCESSING TIME for expedited applications, Passport Services recommends using overnight delivery when submitting the application AND including the appropriate postage fee for return overnight delivery for the newly issued passport book.** Expedited service is only available for passports mailed in the United States and Canada. Please visit travel.state.gov for updated information regarding fees, processing times, or to check the status of your passport application online.

4. A RECENT, COLOR PHOTOGRAPH.

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

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

WHERE DO I MAIL THIS APPLICATION?

FOR ROUTINE SERVICE (If you live in CA, FL, IL, MN, NY, or TX):
National Passport Processing Center
P.O. Box 640155
Irving, TX 75064-0155

FOR ROUTINE SERVICE (If you live in any other state or Canada):
National Passport Processing Center
P.O. Box 90155
Philadelphia, PA 19190-0155

FOR EXPEDITED SERVICE (Additional Fee, any state or Canada):
National Passport Processing Center
P.O. Box 90955
Philadelphia, PA 19190-0955

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

NOTE REGARDING MAILING ADDRESSES: Passport Services does not send mail to a private address outside the United States or Canada. If you do not live at the address listed in the "Mailing Address", then you must put the name of the person 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 (NPIC) at 1-877-487-2778 or visit travel.state.gov.

You may receive your newly issued document and your returned citizenship evidence in separate mailings. If you are applying for both a passport book and/or 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 printed passport card.

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

FEDERAL TAX LAW

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

NOTICE TO CUSTOMERS APPLYING OUTSIDE A DEPARTMENT OF STATE FACILITY

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

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

FEE REMITTANCE

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

USE OF SOCIAL SECURITY NUMBER

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

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

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

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

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

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

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

For more information or to report your lost or stolen U.S. passport book or passport card by phone, call NPIC at: 1-877-487-2778 or visit our website at travel.state.gov

NOTICE TO U.S. PASSPORT CARD APPLICANTS ONLY

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

ACTS OR CONDITIONS

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

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

Furthermore, I have not been convicted of a federal or state drug offense or convicted of a "sex tourism" crime, 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; or a subpoena received from the United States in a matter involving federal prosecution for, or grand jury investigation of, a felony.

PRIVACY ACT STATEMENT

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

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

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

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


Failure to provide your Social Security number may result in the denial of your application (consistent with 22 U.S.C. 2714a(f)) and may subject you to penalty enforced by the Internal Revenue Service, as described in the Federal Tax Law section of the instructions to this form.

ELECTRONIC PASSPORT STATEMENT

The U.S. Department of State now issues a type of passport book containing an embedded electronic chip 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.

PAPERWORK REDUCTION ACT STATEMENT

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



U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0020
OMB EXPIRATION DATE: 10-31-2020
ESTIMATED BURDEN: 40 MIN

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

- ☐ U.S. Passport Book ☐ U.S. Passport Card ☐ Both
The U.S. passport card is **not** valid for international air travel. For more information see page 1 of instructions.
☐ Regular Book (Standard) ☐ Large Book (Non-Standard)

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

1. Name Last

First Middle

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

3. Sex

M F

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

5. Social Security Number

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

7. Primary Contact Phone Number

@

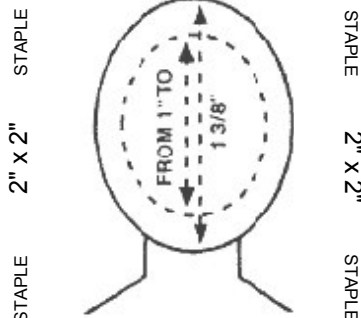
8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

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

City State Zip Code Country, if outside the United States

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

A. B.



Attach a color photograph taken within the last six months

10. Passport Book and/or Passport Card Information

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

Most recent passport book number

Issue date (mm/dd/yyyy)

Most recent passport card number

Issue date (mm/dd/yyyy)

11. Name Change Information Complete if name is different than last U.S. passport book or passport card

☐ Changed by Marriage

Place of Name Change (City/State)

Date (mm/dd/yyyy)

☐ Changed by Court Order

Please submit a certified copy. (Photocopies are not accepted!)

CONTINUE TO PAGE 2

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

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

x _____
Applicant's Legal Signature

_____ Date

FOR ISSUING OFFICE ONLY

☐ PPT BK C/R ☐ PPT BK S/R ☐ PPT CD C/R ☐ PPT CD S/R

☐ Marriage Certificate Date of Marriage/Place Issued:

☐ Court Order Date Filed/Court:

From _____

To: _____

☐ Other:

☐ Attached:

For Issuing Office Only → Bk Fee _____ Cd Fee _____ EF _____ Postage _____ Other _____



* DS 82 C 08 2013 1 *

Name of Applicant <i>(Last, First & Middle)</i> <input style="width: 90%;" type="text"/>				Date of Birth <i>(mm/dd/yyyy)</i> <input style="width: 100%;" type="text"/>				
12. Height <input style="width: 100%;" type="text"/>	13. Hair Color <input style="width: 100%;" type="text"/>	14. Eye Color <input style="width: 100%;" type="text"/>	15. Occupation <input style="width: 100%;" type="text"/>		16. Employer or School <i>(if applicable)</i> <input style="width: 100%;" type="text"/>			
17. Additional Contact Phone Numbers <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 100%;" type="text"/> <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> _____ </div> </div> <div style="width: 45%;"> <input style="width: 100%;" type="text"/> <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> _____ </div> </div> </div>								
18. Permanent Address: <i>If P.O. Box is listed under Mailing Address <u>or</u> if residence is different from Mailing Address.</i> Street/RFD # or URB (No P.O. Box) Apartment/Unit <input style="width: 80%;" type="text"/> <input style="width: 15%;" type="text"/> City State Zip Code <input style="width: 60%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 25%;" type="text"/>								
19. Emergency Contact - <i>Provide the information of a person not traveling with you to be contacted in the event of an emergency.</i> Name Address: Street/RFD # or P.O. Box Apartment/Unit <input style="width: 30%;" type="text"/> <input style="width: 40%;" type="text"/> <input style="width: 25%;" type="text"/> City State Zip Code Phone Number Relationship <input style="width: 30%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 25%;" type="text"/>								
20. Travel Plans Departure Date <i>(mm/dd/yyyy)</i> Return Date <i>(mm/dd/yyyy)</i> Countries to be visited <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 60%;" type="text"/>								
STOP! YOU HAVE COMPLETED YOUR APPLICATION BE SURE TO SIGN AND DATE PAGE ONE								
WHERE DO I MAIL THIS APPLICATION?								
<p style="text-align: center;"><u>If applying in the United States or Canada:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> FOR ROUTINE SERVICE (If you live in CA, FL, IL, MN, NY, or TX): National Passport Processing Center P.O. Box 640155 Irving, TX 75064-0155 </td> <td style="width: 33%; vertical-align: top;"> FOR ROUTINE SERVICE (If you live in any other state or Canada): National Passport Processing Center P.O. Box 90155 Philadelphia, PA 19190-0155 </td> <td style="width: 33%; vertical-align: top;"> FOR EXPEDITED SERVICE (Additional Fee, any state or Canada): National Passport Processing Center P.O. Box 90955 Philadelphia, PA 19190-0955 </td> </tr> </table> <p><u>Because of the sensitivity of the enclosed documents, Passport Services recommends using trackable mailing service when submitting your application.</u></p> <p style="text-align: center;"><u>If applying outside the United States or Canada:</u></p> <p>United States citizens residing outside the U.S. or Canada CANNOT submit this form to domestic addresses listed above. Such applicants should visit www.usembassy.gov to find the nearest U.S. Embassy or Consulate for procedures for applying outside the United States.</p>						FOR ROUTINE SERVICE (If you live in CA, FL, IL, MN, NY, or TX): National Passport Processing Center P.O. Box 640155 Irving, TX 75064-0155	FOR ROUTINE SERVICE (If you live in any other state or Canada): National Passport Processing Center P.O. Box 90155 Philadelphia, PA 19190-0155	FOR EXPEDITED SERVICE (Additional Fee, any state or Canada): National Passport Processing Center P.O. Box 90955 Philadelphia, PA 19190-0955
FOR ROUTINE SERVICE (If you live in CA, FL, IL, MN, NY, or TX): National Passport Processing Center P.O. Box 640155 Irving, TX 75064-0155	FOR ROUTINE SERVICE (If you live in any other state or Canada): National Passport Processing Center P.O. Box 90155 Philadelphia, PA 19190-0155	FOR EXPEDITED SERVICE (Additional Fee, any state or Canada): National Passport Processing Center P.O. Box 90955 Philadelphia, PA 19190-0955						



* DS 82 C 08 2013 2 *

DS-11
U.S. Passport Application



U.S. PASSPORT APPLICATION

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

FOR INFORMATION AND QUESTIONS

Visit the official Department of State website at travel.state.gov or contact the National Passport Information Center (NPIC) via toll-free at 1-877-487-2778 (TDD: 1-888-874-7793) and NPIC@state.gov. Customer Service Representatives are available Monday-Friday 8:00a.m.-10:00p.m. Eastern Time (excluding federal holidays). Automated information is available 24 hours a day, 7 days a week.

WHAT TO SUBMIT WITH THIS FORM:

- 1. PROOF OF U.S. CITIZENSHIP:** Evidence of U.S. citizenship **AND a photocopy** of the front (and back, if there is printed information) must be submitted with your application. The photocopy must be on 8 ½ inch by 11 inch paper, black and white ink, legible, and clear. Evidence that is not damaged, altered, or forged will be returned to you. **Note:** Lawful permanent resident cards submitted with this application will be forwarded to U.S. Citizenship and Immigration Services, if we determine that you are a U.S. citizen.
- 2. PROOF OF IDENTITY:** You must present your original identification **AND submit a photocopy** of the front and back 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.

HOW TO SUBMIT THIS FORM:

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

Follow the instructions on Page 2 for detailed information to completion and submission of this form.

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**
- Original parental/guardian government-issued identification **AND a photocopy** of the front and back side of presented identification.

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

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

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

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

PASSPORT VALIDITY LENGTH

If you are 16 years of age or older: Your U.S. passport will be valid for 10 years from the date of issue except where limited by the Secretary of State to a shorter period.

If you are under 16 years of age: Your U.S. passport will be valid for five years from the date of issue except where limited by the Secretary of State to a shorter period.

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

LOST OR STOLEN - If you cannot submit your valid or potentially valid U.S. passport book and/or passport card with this application and you have not previously submitted Form DS-64, Statement Regarding a Lost or Stolen U.S. Passport, you are required to fill out and submit a DS-64 with this application.

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

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.

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

PROOF OF U.S. CITIZENSHIP

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

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

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

- If you claim citizenship through naturalization of parent(s): Submit the Certificate(s) of Naturalization of your parent(s), your foreign birth certificate (and official translation if the document is not in English), proof of your admission to the United States for permanent residence, and your parents' marriage/certificate and/or evidence that you were in the legal and physical custody of your U.S. citizen parent, if applicable.
- If you claim citizenship through birth abroad to at least one U.S. citizen parent: Submit a Consular Report of Birth (Form FS-240), Certification of Birth (Form DS-1350 or FS-545), or your foreign birth certificate (and official translation if the document is not in English), proof of U.S. citizenship of your parent, your 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 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. Visit travel.state.gov for details.

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 that has known you for at least two years. Your witness must prove his or her identity and complete and sign an Affidavit of Identifying Witness (Form DS-71) before the acceptance agent. You must also submit some identification of your own.

COLOR PHOTOGRAPH

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

FEES

FEES ARE LISTED ON OUR WEBSITE AT [TRAVEL.STATE.GOV](https://travel.state.gov). BY LAW, THE PASSPORT FEES ARE NON-REFUNDABLE.

• **The passport application fee, security surcharge, and expedite fee may be paid in any of the following forms:** Checks (personal, certified, or traveler's) with the applicant's full name and date of birth printed on the front; major credit card (Visa, Master Card, American Express, and Discover); bank draft or cashier's check; money order (U.S. Postal, international, currency exchange), or if abroad, the foreign currency equivalent, or a check drawn on a U.S. bank. All fees should be payable to the "U.S. Department of State" or if abroad, the appropriate U.S. Embassy or U.S. Consulate. When applying at a designated acceptance facility, the execution fee will be paid separately and should be made payable to the acceptance facility. **NOTE: Some designated acceptance facilities do not accept credit cards as a form of payment.**

• **For faster processing,** you may request expedited service. Please include the expedite fee in your payment. Our website contains updated information regarding fees and processing times for expedited service. Expedited service is only available for passports mailed in the United States and Canada.

• **OVERNIGHT DELIVERY SERVICE** is only available for passport book mailings in the United States. 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 OF YOUR PASSPORT(S)

Passport Services will not mail a U.S. passport to a private address outside the United States or Canada. If you do not live at the address listed in the "mailing address", then you must put the name of the person and mark it as "In Care Of" in item # 8. If your mailing address changes prior to receipt of your new passport, please contact the National Passport Information Center.

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

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

FEDERAL TAX LAW

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

NOTICE TO CUSTOMERS APPLYING OUTSIDE A DEPARTMENT OF STATE FACILITY

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

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

FEE REMITTANCE

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

USE OF SOCIAL SECURITY NUMBER

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

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

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

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

For more information regarding reporting a lost or stolen U.S. passport book or passport card (Form DS-64), or to determine your eligibility for a passport renewal (Form DS-82), call NPIC at 1-877-487-2778 or visit travel.state.gov.

NOTICE TO U.S. PASSPORT CARD APPLICANTS

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


U.S. passports, either in book or card format, are only issued to U.S. citizens or non-citizen U.S. nationals. Each person must obtain his or her own U.S. passport book or U.S. passport card. The passport card is a U.S. passport issued in card format. Like the traditional U.S. passport book, it reflects the bearer's origin, identity, and nationality, and is subject to existing passport laws and regulations. **Unlike the U.S. passport book, the U.S. passport card is valid only for entry 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.

ELECTRONIC PASSPORT STATEMENT

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

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

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

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

ACTS OR CONDITIONS

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

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

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

PRIVACY ACT STATEMENT

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

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


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

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

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

PAPERWORK REDUCTION ACT 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Legal Affairs and Law Enforcement Liaison, 44132 Mercure Cir, P.O. Box 1227, Sterling, Virginia 20166-1227

Name of Applicant (Last, First, & Middle)						Date of Birth (mm/dd/yyyy)					
10. Parental Information											
Mother/Father/Parent - First & Middle Name						Last Name (at Parent's Birth)					
Date of Birth (mm/dd/yyyy)			Place of Birth			Sex			U.S. Citizen?		
						<input type="checkbox"/> Male <input type="checkbox"/> Yes <input type="checkbox"/> Female <input type="checkbox"/> No					
Mother/Father/Parent - First & Middle Name						Last Name (at Parent's Birth)					
Date of Birth (mm/dd/yyyy)			Place of Birth			Sex			U.S. Citizen?		
						<input type="checkbox"/> Male <input type="checkbox"/> Yes <input type="checkbox"/> Female <input type="checkbox"/> No					
11. Have you ever been married? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the remaining items in #11.</i>											
Full Name of Current Spouse or Most Recent Spouse						Date of Birth (mm/dd/yyyy)			Place of Birth		
U.S. Citizen?		Date of Marriage				Have you ever been widowed or divorced?		Widow/Divorce Date			
<input type="checkbox"/> Yes <input type="checkbox"/> No		(mm/dd/yyyy)				<input type="checkbox"/> Yes <input type="checkbox"/> No		(mm/dd/yyyy)			
12. Additional Contact Phone Number				13. Occupation (if age 16 or older)				14. Employer or School (if applicable)			
15. Height		16. Hair Color		17. Eye Color		18. Travel Plans					
						Departure Date (mm/dd/yyyy)		Return Date (mm/dd/yyyy)		Countries to be Visited	
19. Permanent Address - If P.O. Box is listed under Mailing Address <u>or</u> if residence is different from Mailing Address.											
Street/RFD # or URB (No P.O. Box)										Apartment/Unit	
City						State		Zip Code			
20. 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	
21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? <input type="checkbox"/> Yes <input type="checkbox"/> 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			Most recent passport book issue date (mm/dd/yyyy)		
Status of your most recent passport book: <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)											
Name as printed on your most recent passport card						Most recent passport card number			Most recent passport card issue date (mm/dd/yyyy)		
Status of your most recent passport card: <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)											
PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY											
Name as it appears on citizenship evidence _____											
<input type="checkbox"/> Birth Certificate SR CR City Filed:						Issued:					
<input type="checkbox"/> Nat. / Citiz. Cert. USCIS USDC Date/Place Acquired:						A#					
<input type="checkbox"/> Report of Birth Filed/Place:											
<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 Citiz <input type="checkbox"/> P/C of ID <input type="checkbox"/> DS-71 <input type="checkbox"/> DS-3053 <input type="checkbox"/> DS-64 <input type="checkbox"/> DS-5520 <input type="checkbox"/> DS-5525 <input type="checkbox"/> PAW <input type="checkbox"/> NPIC <input type="checkbox"/> IRL <input type="checkbox"/> Citiz W/S						 * DS 11 C 09 2013 2 *					

DRIVER'S LICENSE NAME AND GENDER MARKER CHANGE

Name Change:

- ☐ You should generally update your Social Security record before you change the name on your driver's license.
- ☐ To change your name on an existing Maine driver's license (for a "Real ID"), bring a copy of your Certificate of Name Change affirming your name change to a Maine BMV.
 - Notify the BMV of a name change within 30 days.
 - The BMV requires a new signature with a name change, but not a new picture.

Gender Marker Change:

- ☐ To change your gender marker, you must appear in person and fill out:
 - A new license or Real ID application
 - Gender Designation Form (pg. 54)
- ☐ The BMV requires a new picture to be taken.
- ☐ The new license or ID will be sent via email within 2-3 weeks.
- ☐ Maine allows you to indicate M, F, or X for a gender marker.
 - If changing your gender marker to X, consider waiting to speak to an attorney.
 - The forms must be submitted in person.
 - No medical provider certification is required.

Note: If possible, we recommend you get a Real ID, not a State ID Card. State ID cards are no longer allowed by the federal government for transportation. When traveling, you must use a Real ID or Passport for the TSA. There is a duplication fee of \$5.

Gender Designation Form



GENDER DESIGNATION FORM

The Maine Bureau of Motor Vehicles can only accept original forms with original signatures.
Photocopies and faxes are not acceptable.

You must surrender the existing license or ID card that is to be amended.

TO BE COMPLETED BY APPLICANT

(The information below should reflect the name as it appears on the current license or ID)

⓪ Last Name	First Name	Middle	Social Security #
--------------------	-------------------	---------------	--------------------------

⓪ Street Address	City/Town	Zip Code	License/ID #
-------------------------	------------------	-----------------	---------------------

Gender Designation Statement

I _____ request the gender designation on my
(print name from above)

Driver's License/ID Card to read : **Male** **Female** **Non-binary**

I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my Driver's License/ID Card is for the purpose of ensuring that my Driver's License/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

Signature: _____ Date: _____

(False statements may be punishable by fine, imprisonment, or both)

Rev. 11/04/2019

BIRTH CERTIFICATE NAME AND GENDER MARKER CHANGE

If you were born in Maine, you can change both the name and gender marker on your birth certificate.

Required Documents:

- ☐ Completed Application to Change the Name and/or Sex on a Record of Live Birth to Support Gender Identity (pg. 58) (for adults) or Application to Change the Name and/or Sex of a Minor on a Record of Live Birth to Support Gender Identity (pg. 60) (for minors).
 - For minors (17 or younger), a parent or guardian must complete the form.
 - Parents should fill out the affidavit using the minor's legal name – this is the name reflected on the Certificate of Name Change, not the name on the birth certificate.
 - The parents listed on the birth certificate should sign the affidavit. The signatures must be notarized.
 - Notaries are available at Vital Records, with advance appointments, and they are often available at banks for customers, for a fee at the UPS store, among other places. Maine permits virtual notarization during the COVID-19 pandemic.
- ☐ If you are **changing name** on birth certificate, you must also have a Certificate of Name Change affirming name change.

Submitting the Form:

- You can update or correct a birth record [online by using Vitalchek](#). If completed online, the written application is not required. There is an additional fee for this service.
- We recommend that you bring all documents in person to Maine Vital Records, Department of Health and Human Services.
- You can make an appointment by calling (207) 287-3771.
- The in-person processing time may be same day service, but it may take 24 hours to process in which case the new certificate will be mailed to you.

Fees:

- Currently, the fee for a certified birth certificate is \$15.
- It costs \$6 per copy for additional certified copies of the amended record ordered at the same time.

Amendments Filing Fee:	\$45.00	\$45.00
Birth Certificate 1st Copy Fee	\$15.00	\$15.00
Birth Certificate Additional Per Copy Fee	\$6.00 <input type="text" value="0"/>	\$0.00
VitalChek Processing Fee (per order)	\$13.95	\$13.95
Total (before shipping)		\$73.95

Sample of payment and fees from VitalChek

**Application to Change the Name and/or Sex on a
Record of Live Birth to Support Gender Identity**



Application to Change the Name and/or Sex on a Record of Live Birth to Support Gender Identity

CLEARLY PRINT OR TYPE INFORMATION. To make the change(s) indicated below, a signature is required in the presence of a Notary Public. The cost for a certified birth certificate is \$15. Each additional copy requested at the time of application is \$6.00.

APPLICANT INFORMATION:

1. Applicant current legal name: _____
(First) (Middle) (Last)
2. Address of applicant: _____
(Street and Number) (City or Town) (State/Country) (ZIP)
3. Mailing Address if different: _____
(Street and Number) (City or Town) (State/Country) (ZIP)
4. Telephone: _____ 5. Email of applicant: _____
6. Applicant's relationship to registrant: _____

REGISTRANT INFORMATION ON THE RECORD TO BE AMENDED:

7. Full name as it appears on birth record: _____
(First) (Middle) (Last)
8. Date of birth: _____ 9. Sex as it appears on the record: _____ 10. Town/City of birth: _____
(MM/DD/YYYY) (M or F)
11. Mother/Parent full name on registrant's birth record: _____
(First) (Middle) (Last name at mother's/parent's birth)
12. Father/Parent full name on registrant's birth record: _____
(First) (Middle) (Last name at father's/parent's birth)

I am requesting that:

<input type="checkbox"/> the legal name on the birth certificate identified above be changed	
Name as it now appears: _____ (First) (Middle) (Other Middle)	
Name as it should appear: _____ (First) (Middle) (Other Middle)	
<input type="checkbox"/> the sex on the birth certificate identified above be changed	
Sex currently shown on record: <input type="checkbox"/> M (Male) <input type="checkbox"/> F (Female) <input type="checkbox"/> U (Undetermined)	Sex as it should appear: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (Non-binary)

Applicant:

Sign your name ONLY in the presence of a Notary Public. Applicant must be the registrant.

Attestation:

I attest that this request is for the purpose of affirming my/the registrant's gender identity which is different than the sex shown on the current birth certificate.

► Signature of Applicant: _____

► Signature of Notary: _____

My commission expires: _____

Subscribed to before me on this ___ day of ___ 20___ State/County of _____

Seal/Stamp

NOTARY INSTRUCTIONS: If notary is using a raised seal, indicate in which state you are registered as a notary and the date your commission expires. Notary signature and seal must appear in this form. Do not attach a separate notary statement.

Revised 07/2020

**Application to Change the Name and/or Sex of a Minor
on a Record of Live Birth to Support Gender Identity**



Application to Change the Name and/or Sex of a Minor on a Record of Live Birth to Support Gender Identity

CLEARLY PRINT OR TYPE INFORMATION. To make the change(s) indicated below, a signature is required in the presence of a Notary Public. The cost for a certified birth certificate is \$15. Each additional copy requested at the time of application is \$6.00.

APPLICANT: Applicant(s) must be a parent or legal guardian of the registrant.

1. Applicant's current legal name: _____
(First) (Middle) (Last)
2. Address of applicant: _____
(Number and Street) (City/Town) (State/Country) (Zip)
3. Mailing Address if different: _____
(Number and Street) (City/Town) (State/Country) (Zip)
4. Telephone: _____ 5. Email of applicant: _____
6. Applicant's relationship to registrant: _____

REGISTRANT: Registrant's information as it appears on the birth record.

7. Registrant's name: _____
(First) (Middle) (Last)
8. Date of birth: _____ 9. Sex as it appears on the record: _____ 10. City/Town of birth: _____
(mm/dd/yyyy) (M or F)
11. Mother/Parent full name on registrant's birth record: _____
(First) (Middle) (Last name at mother's/parent's birth)
12. Father/Parent full name on registrant's birth record: _____
(First) (Middle) (Last name at father's/parent's birth)

Please indicate the changes to be applied:

<input type="checkbox"/>	The legal name on the birth certificate identified above shall be changed to:	
<input type="checkbox"/>	The sex/gender on the birth certificate identified above be changed to: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (Non-binary)	

Attestation: I attest that this request is for the purpose of affirming the registrant's gender identity which is different than the sex shown on the current birth certificate.

PARENTS	STATEMENT OF PARENTS: We affirm, under penalty of perjury, that I/we are the parent(s) or legal guardian(s) of the registrant.			
	Signature of Mother/Parent	Date Signed (mm/dd/yyyy)	Signature of Father/Parent	Date Signed (mm/dd/yyyy)
NOTARY PUBLIC	The above individual(s) have personally appeared before me and made oath to the truth of the statement.			
	State of: _____		State of: _____	
	County of: _____		County of: _____	
	Date Signed (mm/dd/yyyy): _____		Date Signed (mm/dd/yyyy): _____	
	Commission Expiration Date: _____		Commission Expiration Date: _____	
	Signature of Notary Public		Signature of Notary Public	

NOTARY INSTRUCTIONS: If notary is using a raised seal, indicate in which state you are registered as a notary and the date your commission expires. Notary signature and seal must appear in this form. Do not attach a separate notary statement.

THANK YOU FOR USING THIS GUIDE.

We hope it has been helpful for you to update your name and/or gender marker on your state and federal IDs.

If you need additional help, please contact the ID Project at www.glad.org/id.

For more information about your rights, contact GLAD Answers, GLAD's free and confidential legal information line. Visit www.gladanswers.org.

If you notice any errors in this guide, please let us know by emailing gladlaw@glad.org.



Massachusetts
Transgender
Political
Coalition

ROPES & GRAY