

## Transgender ID Project

# Name and Gender Marker Change: New Hampshire 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](http://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)<sup>1</sup>. 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](http://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.

**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 through local probate and family court (name only)
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 typically 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:**

You may choose to have a non-binary gender marker on identifying documents. For example, New Hampshire lets residents select "X" as a gender marker on driver's licenses and state IDs. If you are interested in using a non-binary gender marker, we recommend connecting with an attorney before making this change. Not all identity documents, including federal documents like social security records and U.S. Passports, currently let you use a non-binary gender marker. Therefore, there may be challenges if you have only state documents showing non-binary gender markers. An attorney will be able to help you understand the potential implications and how to manage them.

**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](http://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.**

*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.*

*Updated February 2022*

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# Petition For Name Change:

## Adults (18 and older)

### Required Documents:

- ☐ Petition for Change of Name form ([Attachment A](#))
  - The form and instructions are available at any New Hampshire Circuit Court Probate Division or on the [Probate Court webpage](#).
  - On the second page of the form, you must write the entire new name that you are requesting (first, middle, and last name). Spell out each name in its entirety.
  - File the petition in the district where you live. Visit the [courts location webpage](#) to find the court in your district.
- ☐ Confidential Information Sheet ([Attachment B](#)) to list your Date of Birth. For instructions on filing confidential information, go to [Attachment C](#). If you want to be sure that any information that you file with the court is not publicly available, you should seek advice from a lawyer.
- ☐ Proof of current legal name, address, and date of birth. This can include:
  - A copy of your driver's license
  - A copy of your passport and proof of address, such as an electric or gas bill
  - Another form of photo ID that includes the required information
- ☐ If you have an out-of-state driver's license at the time of filing, you will need to share proof of New Hampshire residence (e.g., a utility bill, official government mail sent to you at your New Hampshire address, etc.)

**Important note:** If you are currently incarcerated, on probation, or on parole, you will need to [complete additional steps](#) to change your name. If you have more questions or need further support, please reach out to the ID Project at [www.glad.org/id](http://www.glad.org/id).

### Where and How To File:

- ☐ Name change petitions must be filed electronically in the district where you live.
  - If you are concerned about sharing your information electronically because of a domestic violence order or other safety concerns, or if there are other extraordinary circumstances, you can ask the court for permission to file your name change petition on paper. For more information about this process, go to [Attachment D](#) or [visit the court's webpage](#).

- ❑ If you are representing yourself (if you do not have a lawyer), [visit the self-representation page](#) or follow the step-by-step instructions below to get there from the Court's homepage.
  - Go to [the Court's website](#) and select the "E-File" icon.
  - Select the option for a self-represented party.
  - Click "E-File Here" to enter the e-filing site.
  - Select "Sign Up" and follow the prompts.
  - After you sign up and log in, click "Start Now" next to "Name Change – Start a New Case."
  - At "Where to File," select the county and location where you want to file. Follow instructions and prompts on the screen to complete the filing.
- ❑ Typically, the Court will decide whether to grant your name change petition without a hearing. If an objection is filed or if the Court has questions or concerns about your filed documentation, the Court may schedule a hearing. These hearings are usually short and straightforward, and can be attended without an attorney. If you have any concerns about the hearing, you may wish to wait to speak to an attorney before filing your petition.
- ❑ If the Court approves your name change, you will receive a Certificate of Change of Name (also referred to in this guide as a "name change order") by email. Allow at least 45 days for the Court to process the order.
  - You should request multiple certified copies (at least 3) of the Certificate of Change of Name because you will need to provide a certified copy to update your New Hampshire driver's license, Social Security Card, passport, and birth certificate. You can request additional copies at the Probate Court for an additional fee.
- ❑ If you have a New Hampshire Driver's License, you must notify the Department of Motor Vehicles (DMV) of your name change within 30 days after the name change order.

If you have any questions regarding this process, contact the Information Center at 1-855-212-1234.

**Important note:** If you are seeking a court order confirming that your gender is different from what is designated on your New Hampshire birth certificate, you should attach a Motion for Change of Gender to your electronic filing request. You can adapt from [Attachment E](#), a sample motion created for minors.

## Fees:

- The current filing fee for a name change petition is \$130.
- Certification fee is \$10 plus copy fee.
- If you are unable to pay the filing fees, you may be eligible to have some or all of the fees waived (you may not have to pay). [Attachment F](#) is the form to file for a partial or full waiver of the filing fee, which includes information about whether you qualify for a waiver and instructions on how to complete the form.

For the most up-to-date information about New Hampshire name change requirements, [visit the court's website](#).

# Petition For Name Change:

## Minors (17 and under)

### Required Documents:

- ☐ Completed Petition for Change of Name form ([Attachment A](#)).
  - The form and instructions are available at any New Hampshire Circuit Court Probate Division or on the [Probate Court webpage](#).
  - On the second page of this form, you must write the entire new name that the minor is requesting (first, middle, and last name). Spell out each name in its entirety.
  - File the petition in the district where the minor lives. Go to the [courts location webpage](#) to find the court in their district.
- ☐ Confidential Information Sheet ([Attachment B](#)) to list the minor's Date of Birth. For instructions on filing confidential information, go to [Attachment C](#).
- ☐ A certified copy of the minor's birth certificate.
- ☐ Consent to Minor Name Change from ([Attachment G](#))
  - This must be signed by the non-petitioning parent (unless parental rights have been terminated) and the minor, if the minor is 14 years of age or older. There is no clear guidance as to whether a judge will approve a name change without both parents' consent. If you are seeking to change a minor's name without the consent of both parents, we recommend that you wait to speak to an attorney.

### Where and How To File:

- ☐ Name change petitions must be filed **electronically** in the district where the minor lives.
  - If you are concerned about sharing information electronically because of a domestic violence order or other safety concerns, or if there are other extraordinary circumstances, you can ask the court for permission to file the name change petition on paper. For more information about this process, go to [Attachment D](#).
- ☐ If you are representing yourself (if you do not have a lawyer), [visit the self-representation page](#) or follow the step-by-step instructions below to get there from the Court's homepage.
  - Go to the [Court's website](#) and select the "E-File" icon.
  - Select the option for a self-represented party.
  - Click "E-File Here" to enter the e-filing site.



- After you sign up and log in, click “Start Now” next to “Name Change – Start a New Case.”
- At “Where to File,” select the county and location where you want to file. Follow instructions and prompts on the screen to complete the filing.
- ❑ If the minor is under 14 years of age, the Court will typically not require a hearing. If the minor is 14 years of age or older and the required consent forms are not filed, or if an objection is filed, the Court will typically schedule a hearing.
- ❑ If the Court approves the name change, a Certificate of Change of Name (also referred to in this guide as a “**name change order**”) will be issued the day of the hearing. If there is no hearing, the Certificate of Change of Name will be e-served with a Notice of Decision. Allow at least 45 days for the Court to process the order.
  - A Notice of Decision will be e-served to both of the minor’s birth parents, if applicable.
  - You should request multiple **certified** copies (at least 3) of the Certificate of Change of Name because you will need to provide a certified copy to update, if applicable, the minor’s New Hampshire driver’s license, Social Security Card, passport, and birth certificate. You can request additional copies at the Probate Court for an additional fee.
- ❑ If the minor has a New Hampshire Driver’s License, they must notify the Department of Motor Vehicles (DMV) about the name change **within 30 days** after the name change order. If you have any questions regarding this process, contact the Information Center at 1-855-212-1234

**Important note:** If the minor is seeking a court order confirming that their gender is different from what is designated on their New Hampshire birth certificate, they should attach a Motion for Change of Gender to the electronic filing request. Visit [Attachment E](#) for a sample motion.

## Fees:

- The current filing fee for a name change petition is \$130.
- Certification fee is \$10 plus copy fee.
- If you are unable to pay the filing fees, you may be eligible to have some or all of the fees waived (you may not have to pay). [Attachment F](#) is the form to file for a partial or full waiver of the filing fee, which includes information about whether you qualify for a waiver and instructions on how to complete the form.

For the most up-to-date information about New Hampshire name change requirements, visit the court’s [name change webpage](#).

# Social Security Card

## About This Form

The SS-5 Application for a Social Security Card ([Attachment M](#)) form 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:

- ☐ Certificate of Change of Name

## Required Documents To Change Your Gender Marker:

Any of the following:

- ☐ A signed letter from a physician confirming you had the appropriate clinical treatment ([Attachment H](#)); OR
- ☐ A birth certificate showing the correct gender; OR
- ☐ A court order recognizing the correct gender (note that the Certificate of Change of Name 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 online](#).

For more information, visit the [National Center for Transgender Equality](#).

# Physician Letter for Social Security Gender Marker Change

## About This Form

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

- The letter ([Attachment H](#)) 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 transgender community will be familiar with this template.

A 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."

# NH Driver's License/State ID Name and Gender Marker Change

## Name Change Only:

- ☐ For New Hampshire driver's license holders: If you have changed your name, you must notify the New Hampshire Department of Motor Vehicles (DMV) in writing **within 30 days** of the name change order.
  - If you have any questions regarding this process, contact the Information Center at 1-855-212-1234.
- ☐ [Make an in-person appointment](#) at any DMV office with the following:
  - A completed and signed Record Change Request ([Attachment I](#)).
    - **Note:** This request will change data on all DMV records (registration, driver's license, title, etc.) and should be completed for permanent changes only.
  - Your current New Hampshire driver's license or state ID card.
  - Legal documentation of name change – i.e., certified copy of Certificate of Change of Name
- ☐ You will need to hand over your current driver's license or state ID. The DMV will give you a replacement license or ID card with a new photo and signature at **no charge**. At the DMV office, you will be given a 60-day, temporary paper license/ID card and the permanent card will be mailed to you.

**Important note:** We recommend updating your Social Security record **before** you change the name on your driver's license or state ID card.

## Gender Marker Change:

- ☐ To change your gender marker, you must fill out a Change of Gender Designation Form ([Attachment J](#)).
  - This form **cannot** be used for name or address changes.
  - If you already have a New Hampshire driver's license and it is not up for renewal, then check the box that says "Replacement" and provide a reason (e.g., change of gender designation).
- ☐ Make an [in-person appointment](#) at any DMV office.

- ❑ New Hampshire allows you to indicate “F,” “M,” or “X” for a gender marker.
  - “X” is meant to represent a non-binary gender marker. It is an alternative to listing your gender as “F” (female) or “M” (male). [Learn more](#).
  - If you are changing your gender marker to “X,” consider speaking to an attorney beforehand. Since not all identity documents provide a non-binary gender marker option, having inconsistent gender markers on legal documents may create some issues that you should understand before moving forward.
- ❑ You will need to hand over your current driver’s license or state ID. The DMV will give you a replacement with a new photo and signature at **no charge**. At the DMV office, you will be given a 60-day, temporary paper license/ID card and the permanent card will be mailed to you.

### Fees:

- The fee for your Gender Marker Change is \$3.

# 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 ([Attachment K](#)).
- If you fit into **any of the criteria below**, you must apply in-person with a DS-11 form ([Attachment L](#)).
  - 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 ([Attachment K](#))
- ☐ Your current, unexpired passport
- ☐ A certified copy of your Certificate of Change of Name
- ☐ Recent color photo of yourself. Find the photo requirements on the [State Department website](#).
- ☐ 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](#).
- ☐ 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 ([Attachment L](#))
- ☐ 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. [Find your local 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 “F” (female) or “M” (male), 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 website](#). For additional resources, visit the [National Center for Transgender Equality](#).

# NH Birth Certificate Name and Gender Marker Change

- If you were born in New Hampshire, you can change both the name and gender marker on your birth certificate.
- Contact the city/town clerk where you were born to receive the correct application form(s).
- New Hampshire only allows “F” (female) or “M” (male) gender markers on birth certificates, so you will not be able to select a non-binary gender “X” marker.

## Change Your Name on Your Birth Certificate:

- ☐ Submit a certified copy of your Certificate of Change of Name.
- ☐ The clerk will update the birth record by replacing your original name with your new name, add a note stating “legal change of name per court order” with the date of the order, and “A.K.A.” the original name, and will forward notice of the change to the state registrar.
- ☐ You should request a certified copy of the updated birth certificate to keep for your records

## Change Your Gender Marker on Your Birth Certificate:

- ☐ Submit a certified copy of a court order confirming that you have had a “sex change.”
- ☐ If you have filed a petition for a name change, you can get the court order by submitting a Motion for Change of Gender. You can adapt the sample provided in [Attachment E](#) for your motion.
- ☐ If you are only changing your gender marker, you can get the court ordered Change of Gender by submitting what is called a “petition in equity.” You can adapt from the sample provided in [Attachment E](#) for your petition.
  - The cost for filing the petition is \$250. If you are unable to pay the filing fee, you may be eligible to have some or all of the fees waived (you may not have to pay). [Attachment F](#) is the form to file for a partial or full waiver of the filing fee, which includes information about whether you qualify for a waiver and instructions on how to complete the form.
- ☐ When you adapt the sample from Attachment E, update the county (if needed), the title of the Court, all personal information, and the title of the filing (e.g., “Petition in Equity for Legal Change of Sex” or “Motion for Legal Change of Gender”).
- ☐ With your petition, you can include a letter from a doctor confirming that your “gender transition” is complete. Surgery is not required. (See above, “[Physician Letter](#)”)



## How to Submit the Form(s):

- ❑ To submit your application, schedule an in-person appointment with the city/town clerk where you were born.

## Fees:

- The fee to update your birth certificate is \$10.
- There is an additional fee of \$15 for a certified amended birth certificate.

For more information, visit the state's [Vital Records website](#).

# **Attachment A**

**Petition for Change of Name**

**For e-Filing only**

Clear Form

**THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH**

Lock & Save Form

<http://www.courts.state.nh.us>

Court Name: \_\_\_\_\_

Case Name: Name change of \_\_\_\_\_

Case Number: \_\_\_\_\_  
(if known)

**PETITION FOR CHANGE OF NAME  
FOR ☐ ADULT ☐ MINOR**

1. Petitioner name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Petitioner name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

2. Attorney name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

3. Person whose name is to be changed:

Current name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

4. Name change of minor:

(a) Are there any pending guardianship, juvenile, domestic violence, marriage dissolution, domestic relations, paternity, legitimization, custody or other proceedings affecting this child? ☐ Yes ☐ No

If yes, for any pending case other than a juvenile or domestic violence case, provide case information (such as court name, case #):

\_\_\_\_\_  
If there is a pending juvenile or domestic violence case, check here ☐ and provide case information (such as court name, case #) on the Confidential Information Sheet (NHJB-2878-DFPe).

(b) Relationship of petitioner to minor: \_\_\_\_\_

(c) List any living parents whose rights have not been terminated:

Name of parent: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Name of other parent: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Case Name: Name change of \_\_\_\_\_

Case Number: \_\_\_\_\_

**PETITION FOR CHANGE OF NAME**

For any person whose name is being changed:

5. Town of residence: \_\_\_\_\_

6. Date of birth: See Name Change Confidential Information Instructions  
and Confidential Information Sheet (NHJB-2878-DFPe)

Place of birth: \_\_\_\_\_

7. Check the following paragraphs that apply to the person whose name is being changed.

☐ I am a person who is incarcerated, or who is on probation or parole. I understand that, when instructed by the court, I must have the sheriff's department serve a copy of this petition on the department of corrections. I understand that failure to comply with notification requirements shall cause any order hereunder to be null and void.

☐ I am a person who is required to register as a sexual offender or an offender against children pursuant to RSA 651-B and I am no longer subject to supervision by the department of corrections. I understand that, when instructed by the court, I must have the sheriff's department serve a copy of this petition on the department of safety. I understand that failure to comply with notification requirements shall cause any order hereunder to be null and void.

☐ Neither of the above paragraphs are applicable to this name change.

8. The petitioner requests that the name \_\_\_\_\_ be changed  
(First, middle and last names)  
to \_\_\_\_\_ (First, middle and last names)  
in accordance with the laws of the State of New Hampshire and for the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_

9. I understand that proof of identity must be filed with this petition in order for it to be granted. Proof of identity must show the current name and residence of the person whose name is being changed.

**Verification:** I verify the truth and accuracy of all facts alleged within this document to the best of my belief and further verify that all facts contained in this document are alleged in good faith. By affixing my electronic signature to this document I acknowledge my understanding that any false statements made in this document are punishable as perjury which may include a fine or imprisonment or both.

\_\_\_\_\_/s/\_\_\_\_\_  
Name of Filer Signature of Filer Date

\_\_\_\_\_  
Law Firm, if applicable Bar ID # of attorney Telephone

\_\_\_\_\_  
Address E-mail

\_\_\_\_\_  
City State Zip code

\_\_\_\_\_/s/\_\_\_\_\_  
Name of Filer Signature of Filer Date

\_\_\_\_\_  
Law Firm, if applicable Bar ID # of attorney Telephone

\_\_\_\_\_  
Address E-mail

\_\_\_\_\_  
City State Zip code

Case Name: Name change of \_\_\_\_\_

Case Number: \_\_\_\_\_

**PETITION FOR CHANGE OF NAME**

**FOR COURT USE**

**ORDER**

This Petition for Name Change and accompanying information has been reviewed.  
Accordingly, the court orders that:

Lock & Save Form

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# **Attachment B**

## **Confidential Information Sheet**

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
<http://www.courts.state.nh.us>

Lock & Save Form

Court Name: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
(if known)

**CONFIDENTIAL INFORMATION SHEET FOR  
ELECTRONICALLY FILED CASES**

Date: \_\_\_\_\_

Name of person filing this Confidential Information Sheet: \_\_\_\_\_

Names of document(s) from which confidential information has been omitted:

\_\_\_\_\_  
Name of Document

\_\_\_\_\_  
Name of Document

\_\_\_\_\_  
Name of Document

\_\_\_\_\_  
Name of Document

**A. Date of Birth** – Dates of birth are required in some cases. Rule 12(c) requires you to include dates of birth of the parties on this sheet.

Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____

**B. Other Rule 12(c) Confidential Information** – Set forth any narrative/text including Rule 12(c) confidential information that has been omitted from the above named documents, clearly indicating the document name for each narrative/text provided.





# **Attachment C**

## **Instructions on Filing Confidential Information**

**For e-Filing only**

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
NH CIRCUIT COURT  
www.courts.state.nh.us

**NAME CHANGE CASES**  
**INSTRUCTIONS FOR SELF-REPRESENTED PARTIES**  
**FOR FILING CONFIDENTIAL INFORMATION**

\*\*\*\*\*

IMPORTANT: Do not file confidential documents or confidential information unless required, or unless these are material to the proceeding. When using the self-represented electronic filing program (TurboCourt), if you must input confidential information/documents, the e-filing program will guide you. Follow the program instructions **carefully**.

**Confidential Documents (Electronic Filing Rule 11):**

- a) Electronic Filing Rule 11 lists numerous documents which must be kept confidential when filed with the court. See page 2 of this sheet for a list of those documents. If you need to file any of those documents in your case, you must select the correct document name from the drop down list at the end of the filing program. If you do not see the correct document name, select Other (Confidential).

Note: The most common confidential documents that will be filed in these cases are the Confidential Information Sheet (**NHJB-2878-DFPe**) and any personal identifying document such as a Birth Certificate, a Driver's License or a Passport.

- b) Electronic Filing Rule 11 also states that if you are filing a document that you would like the court to keep confidential which is not on the list on page 2 of this sheet, you must file it along with a Motion to Seal the document. In this motion, you must list the reasons you believe the document should be kept confidential. See Instructions for Motion to Seal.

**Confidential Information (Electronic Filing Rule 12):**

- a) Electronic Filing Rule 12 lists several types of information which must be kept confidential when filed with the court. See page 2 of this sheet for the full list of those types of information.
- b) Any time you file any information listed in Rule 12, you must do so on a separate form called a Confidential Information Sheet. By doing this, the information will be accessible only to the court and parties and counsel on the case.
- c) If you are using the self-represented e-filing program and a question in the program asks you to list this type of confidential information, as long as you carefully follow the instructions in the program, the confidential information will be populated onto the Confidential Information Sheet.
- d) If you are filling in information on any form not created through the filing program or if you are uploading a document, be sure NOT to include any of the Rule 12 confidential items on that form or document. Instead, follow Rule 12 carefully to avoid allowing those confidential items to be seen anywhere except on the Confidential Information Sheet.
- e) If you think you must include information which you consider to be confidential, that is not part of Electronic Filing Rule 12, you must ask permission of the court to keep the document confidential. To do that, you must file a Motion to Seal the document and explain why you think the document should be confidential. See Instructions for Motion to Seal.

**INSTRUCTIONS FOR SELF-REPRESENTED PARTIES FOR FILING CONFIDENTIAL INFORMATION – NC CASES**

**Electronic Filing Rule 11(c) -- Confidential Documents:**

(c) “Confidential documents” means documents that are not to be accessible to the public pursuant to state law, administrative or court rule, court order or case law including, but not limited to, the following:

- (1) Certain documents relating specifically to small claim cases, such as, but not limited to:
  - (A) Confidential Information Sheets;
  - (B) Statements of Assets and Liabilities.
- (2) All documents filed with or issued by the court in guardianship cases under RSA 463 or RSA 464 *except*:
  - (A) A Certificate of Appointment of Guardian;
  - (B) An Order on Appointment of Guardian;
  - (C) A Motion/License to sell Real Estate or Personal property in Guardianship or Conservatorship;
  - (D) A Motion/License to Mortgage Real Estate;
  - (E) A Return/Notice of Sale;
  - (F) An Appointment of Resident Agent.
- (3) Certain documents relating to case types other than small claim cases or guardianship cases, such as, but not limited to:
  - (A) Records pertaining to juvenile delinquency, children in need of services proceedings, or abuse/neglect proceedings;
  - (B) Financial affidavits in family law proceedings;
  - (C) Guardian ad litem reports in family law proceedings;
  - (D) Qualified Domestic Relations Orders in family law proceedings;
  - (E) Plaintiff and Defendant Information Sheets in domestic violence and stalking proceedings;
  - (F) Vital Statistics forms;
  - (G) Personal data sheets;
  - (H) Records pertaining to termination of parental rights proceedings;
  - (I) Records pertaining to adoption proceedings;
  - (J) Records pertaining to mental health proceedings;
  - (K) Information related to competency determinations.

**Electronic Filing Rule 12(c) -- Confidential Information**

(c) It is the responsibility of the filing party to ensure that confidential information is omitted or redacted from documents before the documents are filed, except when the filing party is completing certain required fields in a system-generated form. See Rule 12(d)(1). It is not the responsibility of the clerk or court staff to review narratives contained within system-generated documents or uploaded documents filed by a party to determine whether appropriate omissions or redactions have been made. “Confidential Information” means:

- 1) Information that is not to be accessible to the public pursuant to state law, administrative or court rule, court order, or case law including, but not limited to, the following:
  - (A) Information that would compromise the confidentiality of juvenile delinquency proceedings, children in need of services proceedings, or abuse/neglect proceedings;

**INSTRUCTIONS FOR SELF-REPRESENTED PARTIES FOR FILING CONFIDENTIAL INFORMATION – NC CASES**

- (B) Information that would compromise the confidentiality of termination of parental rights proceedings;
  - (C) Information that would compromise the confidentiality of adoption proceedings;
  - (D) Information that would compromise the confidentiality of mental health proceedings.
- 2) Information sealed by the court;
  - 3) Financial information that provides identifying account numbers on specific assets, liabilities, accounts, credit card numbers or Personal Identification Numbers (PINs) of individuals including parties and non-parties;
  - 4) The following personal identifying information of a party: social security number, date of birth (except a defendant's date of birth in a criminal case), mother's maiden name, a driver's license number, a fingerprint number, the number of other government-issued identification documents or a health insurance identification number;
  - 5) The following personal identifying information of a non-party: social security number, date of birth, mother's maiden name, a driver's license number, a fingerprint number, the number of other government-issued identification documents or a health insurance identification number, street address or telephone number;
  - 6) Personal identification information included on a warrant;
  - 7) Information that is not to be accessible to the public pursuant to federal law.

# **Attachment D**

**Instructions for Requesting Exception  
from e-Filing Requirements**

**For e-Filing only**

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
NH CIRCUIT COURT  
www.courts.state.nh.us

INSTRUCTIONS FOR FILING A REQUEST FOR EXCEPTION FROM ELECTRONIC FILING

\*\*\*\*\*

Electronic filing is **mandatory** in certain Circuit Court cases. Under limited circumstances, the court may grant a request to be excused. See the NH Circuit Court Electronic Filing Rule 1(b).

Select the form and process below which matches your reason for filing for an E-Filing Exception.

**Extraordinary Circumstances:** *The Electronic Filing Rules allow you to request an exception, and if granted, to be excused from electronic filing if you would be denied access to the court due to the hardship caused by electronic filing. Every circumstance is different but generally, this exception is reserved for extreme situations. (Note: If you do not have a computer at home, there are computers available in every court lobby so that alone does not rise to the level of an extraordinary circumstance.)* To make this request:

- Complete a Request/Motion For Exception From Electronic Filing Due To Extraordinary Circumstances (NHJB-2895-DFPe).
- Complete the case related documents you are filing (for example a Complaint, Petition, Response, or Motion).
- Send the Request/Motion, the documents you are filing, and any filing fee that is due to the following:

For Estates cases:

Estates Electronic Filing Center  
2 Charles Doe Drive, Suite 2  
Concord NH 03301

For all others:

New Hampshire Judicial Branch Administrative Offices  
Attention: Electronic Filing Center  
1 Granite Place, Suite N400, Concord NH 03301

- You must send a copy of these documents to any party already involved in the case.

**Protection by Law from Disclosing Identifying or Contact Information:** *The Electronic Filing Rules allow you to request an exception, and if granted, to be excused from electronic filing if you are protected by law from disclosing identifying or contact information. Every circumstance is different but generally, this exception involves circumstances where there is a protective order in place or where there are other risks of violence.* To make this request:

- Complete a Request/Motion For Safety Related Exception From Electronic Filing (NHJB-2975-DFPe).
- Complete the case related documents you are filing (for example a Complaint, Petition, Response, or Motion).
- Copy all documents because **you will be filing two versions** of each document.
- Redact (take out) any information on the copy of the Request/Motion and on the copy of the case related documents that you believe should be withheld based on your circumstances.
- Send or take both versions (the complete version and the redacted version) of the Request/Motion, and all documents you are filing, and any filing fee that is due to the court where the action is or will be filed.
- Due to the nature of this Request/Motion, do not send a copy of your documents to the other parties in the case. Instead, await further instructions from the court.

**What Happens Next?** The court will rule on your request. You will receive the ruling and instructions by U.S. mail.

**For e-Filing only**

**THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH  
NH CIRCUIT COURT  
www.courts.state.nh.us**

**INSTRUCTIONS FOR FILING WITH THE COURT  
SAFETY RELATED EXEMPTION REQUEST**

\*\*\*\*\*

**For use when:** Use these instructions when you have completed forms using the court's guided interview process and you are requesting an exemption from electronic filing.

***Protection by Law from Disclosing Identifying or Contact Information:*** The Electronic Filing Rules allow you to request an exception, and if granted, to be excused from electronic filing if you are protected by law from disclosing identifying or contact information. Every circumstance is different but generally, this exception involves circumstances where there is a protective order in place or where there are other risks of violence.

**To make this request:**

- Print your Request/Motion For Safety Related Exception From Electronic Filing (NHJB-2975-DFPe).
- Print the case related document(s) you are filing with the Request/Motion for Safety Related Exception From Electronic Filing.
- Copy all documents because **you will be filing two versions** of each document.
- Redact (take out) any information on the copy of the Request/Motion and on the copy of the case related documents that you believe should be withheld based on your circumstances.
- Send or take both versions (the complete version and the redacted version) of the Request/Motion, and all documents you are filing, and any filing fee that is due to the court where the action is or will be filed.
- Due to the nature of this Request/Motion, do not send a copy of your documents to the other parties in the case. Instead, await further instructions from the court.

**What Happens Next?** The court will rule on your request. You will receive the ruling and instructions by U.S. mail.

**NOTE:** If the above does not match your circumstance and you would like to electronically file your documents instead, use the Review/Edit Your Answers button at the end of the guided interview to go back to the screen related to safety issues. To find this screen, look along the top of the screen and click on the Additional Requests section. There, you will see the Special Safety Request screen. Make the change that fits your circumstance.

**If you have any further questions, please call the court at 1-855-212-1234.**

# **Attachment E**

**Sample: Motion for Change of Gender for Minors**



**THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH**

6<sup>th</sup> Circuit Probate Division – Concord

CASE NO.

[name/s], Petitioners;  
ON BEHALF OF [name of person  
whose marker is sought to be  
changed]

**PETITION IN EQUITY FOR LEGAL CHANGE OF GENDER FOR MINOR**

**INTRODUCTION**

1. The Petitioners, [name/s], on behalf of their child, [name of person whose marker is sought to be changed], (“Minor”) respectfully petition this Court to issue an order granting Minor a legal change of gender under its equitable powers. Minor was born in [municipality], New Hampshire on [DOB] and is currently a resident of [municipality, state]. Minor has had appropriate clinical treatment for a sex change from [male to female or female to male] and has lived exclusively as a [female or male] in all aspects of life since [date]. Petitioners, on behalf of Minor, seek this court order in furtherance of obtaining a corrected birth certificate from the New Hampshire Division of Vital Records Administration, which requires a court order stating that Minor has legally changed gender to [female or male].

2. New Hampshire permits a transgender person to obtain a new birth certificate when the transgender person has had appropriate treatment for a sex change. *See* RSA 5-C:87 (2016). New Hampshire law evinces the clear public policy of the state, which is to recognize transgender persons and facilitate their integration into society in their corrected gender. Having

met the standard articulated in Section 5-C:87, Petitioners ask this Court to issue the requested order pursuant to its equity jurisdiction.

3. Minor, and the Petitioners on Minor's behalf, fear experiencing discrimination and harassment based on gender identity, such discrimination and harassment having the tendency to cause adverse health effects. Therefore, for Minor's safety and economic well-being, Petitioners believe it is critical to omit the marginal notes on Minor's new birth certificate reflecting information referencing Minor's prior name and gender.

### **FACTS**

4. Minor was born in [municipality], New Hampshire on [DOB].

5. Minor has had appropriate clinical treatment for a sex change from [male to female or female to male], and Minor has been living exclusively as [female or male] since [date], as attested by Minor's doctor in the attached **Exhibit A** ("Doctor Affidavit").

6. On Minor's New Hampshire birth certificate, Minor is designated as [male or female] and the birth certificate reflects the name given at birth. New Hampshire law requires a court order indicating that an individual has had appropriate clinical treatment for a sex change in order to obtain a new birth certificate with the corrected gender marker. RSA 5-C:87(IV-V) (2016).

7. In addition, a court order may instruct the New Hampshire Division of Vital Records Administration ("DVRA") not to include such marginal notes regarding the applicant's prior name or gender in the new birth certificate. The DVRA strictly adheres to any instructions included in a court order and looks to such order for affirmative direction. *See Exhibit B*, Letter from Stephen M. Wurtz (State Registrar and Director, DVRA) (hereinafter, the "DVRA Letter").

8. The Petitioners, on behalf of Minor, now seek an order from this Court to legally change Minor's sex so that Minor may amend Minor's New Hampshire birth certificate to correctly reflect Minor's new name and gender as [female or male]. The Petitioners also request that the order instruct the DVRA to omit any reference to Minor's prior name or gender marker.

### **ARGUMENT**

9. The Probate Court has jurisdiction over this matter pursuant to RSA 547:3-b (2015) and RSA 5-C:87 (2012). Venue is proper in this Court because Petitioners and Minor are residents of [municipality], NH.

10. New Hampshire law provides a procedure for issuing a new birth certificate for a transgender person to reflect current gender. *See* RSA § 5-C:87. Section 5-C:87 provides that "[u]pon certified copy of a court order advising that such individual born in the state of New Hampshire has had a sex change, a new birth record shall be prepared to reflect such change." *Id.* The existence of a clearly defined standard and procedure for a transgender individual to change their birth certificate in New Hampshire evinces statutory recognition of the importance of accepting and integrating transgender individuals.

11. New Hampshire is not alone in legally recognizing a transgender person's new name and gender. Courts around the country have issued orders such as the one requested by the Petitioners, as is demonstrated by the state statutes and regulations that contemplate the issuance of such orders. *See, e.g.*, Ala. Code § 22-9A-19(d) (2004); Ark. Code Ann. § 20-18-307(d) (2015); Colo. Rev. Stat § 25-2-115(4) (2013); Conn. Gen. Stat. § 19a-42(b) (2015); Ga. Code Ann. § 31-10-23(e) (2015); La. Rev. Stat. Ann. § 40:62 (2006); Mass. Gen. Laws c. 46 § 13(e) (2015); Md. Code Ann. § 4-214(b)(5) (2006); Mo. Rev. Stat. § 193.215(9) (2016); Mont. Code

Ann. § 37-8-311(5) (2015); Or. Rev. Stat. § 33.460 (2015), Utah Code Ann. §26-2-11 (2015); *see also In re Heilig*, 816 A.2d 68, 70 (Md. 2003) (holding that the Maryland Circuit Court has equitable jurisdiction to “determine and declare that a person has changed from one gender to another”).

12. Here, Minor has met the applicable standard for a legal change of gender, as Petitioners have established that Minor has had appropriate clinical treatment for a sex change. *See* Doctor Affidavit ¶ 2. As such, Minor is entitled to an order advising that Minor has had appropriate clinical treatment for a sex change pursuant to this Court’s equitable powers.

13. Minor, and the Petitioners on Minor’s behalf, fear experiencing discrimination and harassment based on gender identity. Therefore, for Minor’s safety and economic well-being, the Petitioners believe it is critical to omit the marginal notes on Minor’s new birth certificate reflecting information referencing prior name and gender. The DVRA requires a court order directing that such marginalia be omitted from the corrected birth certificate.

### **CONCLUSION**

14. Because Minor satisfies the standard articulated under New Hampshire law for issuing a new birth certificate with Minor’s correct gender marker and has no remedy at law to obtain the requested order, the Petitioners, on behalf of Minor, respectfully request that this Court, in an exercise of its equity jurisdiction, issue the requested order of legal change of gender and should include in such order a direction to omit marginal notes that reflect any information that references Minor’s prior name or gender, and for such other relief as may be just.

Dated:

Respectfully submitted,

# **Attachment F**

**Motion to Waive Filing Fee**

**For e-Filing only**

Clear Form

**THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH**  
<http://www.courts.state.nh.us>

Lock & Save Form

Court Name: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_  
(if known)

**MOTION TO WAIVE FILING FEES**

I, \_\_\_\_\_, hereby request that the Court waive the filing fee in this case as I do not have the financial ability to pay these fees at this time.

I have completed a Statement of Assets and Liabilities which is being filed with this motion.

In support of this motion, it is stated as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wherefore, it is respectfully requested that this Court waive the filing fee in this case.

☐ I state that on this date I am sending a copy of this document as required by the rules of the Circuit Court. I am electronically sending this document through the court's electronic filing system to all attorneys and to all other parties who have entered electronic service contacts (email addresses) in this case. I am mailing or hand-delivering copies to all other interested parties.

\_\_\_\_\_  
Name of Filer /s/ \_\_\_\_\_  
Signature of Filer Date

\_\_\_\_\_  
Law Firm, if applicable Bar ID # of attorney Telephone

\_\_\_\_\_  
Address E-mail

\_\_\_\_\_  
City State Zip code

**FOR COURT USE:**

- ☐ Motion Granted. ☐ Motion Denied
- ☐ Motion granted, in part. Filing fee reduced, party to pay \$ \_\_\_\_\_
- ☐ Payment of the Filing Fee may be assessed against either party at a further hearing.

\_\_\_\_\_  
Date

Lock & Save Form

# **Attachment G**

**Consent to Minor Name Change**

For e-Filing only

Clear Form

THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH  
<http://www.courts.state.nh.us>

Lock & Save Form

Court Name: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_  
(if known)

**CONSENT TO MINOR NAME CHANGE**

(Section 1 to be completed by parent/guardian; Section 2 by minor age 14 or older)

**1. Parent/guardian:** (Section 1 to be completed by parent/guardian)

I, \_\_\_\_\_  
(Print name and sign on signature area below the verification)

as ☐ parent ☐ guardian of the minor child, consent to change the child's name from

\_\_\_\_\_  
(First, middle, last name)

to \_\_\_\_\_  
(First, middle, last name)

**Verification:** I verify the truth and accuracy of all facts alleged within this document to the best of my belief and further verify that all facts contained in this document are alleged in good faith. By affixing my electronic signature to this document I acknowledge my understanding that any false statements made in this document are punishable as perjury which may include a fine or imprisonment or both.

\_\_\_\_\_  
Name of Filer /s/ \_\_\_\_\_  
Signature of Filer Date

\_\_\_\_\_  
Law Firm, if applicable Bar ID # of attorney Telephone

\_\_\_\_\_  
Address E-mail

\_\_\_\_\_  
City State Zip code

**2. Minor:** (Section 2 to be completed by minor age 14 or older)

I, \_\_\_\_\_  
(Print name and sign on signature area below)

I am the child mentioned in the petition for change of name, am 14 years of age or older, and give my consent to the change of my name from

\_\_\_\_\_  
(First, middle, last name)

to \_\_\_\_\_  
(First, middle, last name)

\_\_\_\_\_  
Name of Filer /s/ \_\_\_\_\_  
Signature of Filer Date

\_\_\_\_\_  
Law Firm, if applicable Bar ID # of attorney Telephone

\_\_\_\_\_  
Address E-mail

\_\_\_\_\_  
City State Zip code



# **Attachment H**

## **Sample Physician Letter**

*[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 completed  
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

# **Attachment I**

## **Record Change Request**



Robert L. Quinn  
Commissioner of Safety

**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF SAFETY**  
**DIVISION OF MOTOR VEHICLES**  
23 HAZEN DRIVE, CONCORD, NH 03305-0001  
Telephone: (603) 227-4000 Relay NH (7-1-1)  
[www.nh.gov/dmv](http://www.nh.gov/dmv)



Director of Motor Vehicles

## RECORD CHANGE REQUEST

**Note: This request will change data on all DMV records (Registration, Driver License, Title, etc.)  
Please complete form accordingly for permanent changes only.**

### 1. Person's Information: (Please Print)

NAME: \_\_\_\_\_  
*FIRST MIDDLE LAST DATE OF BIRTH*

\_\_\_\_\_  
*Driver License or Non Driver ID Number Best Contact Phone Number (Recommended) Email Address*

**2. Address Change: To obtain a replacement license/ID with the updated address, this application and the \$3.00 fee must be submitted to a DMV Office. Go to [dmv.nh.gov](http://dmv.nh.gov) for instructions on obtaining a new license.**

MAILING ADDRESS: \_\_\_\_\_  
*STREET CITY/TOWN STATE ZIP CODE*

☐ Check this box if the legal address is the same as the mailing, if different please complete legal address below.

LEGAL ADDRESS: \_\_\_\_\_  
*STREET CITY/TOWN STATE ZIP CODE*

☐ Check this box if you wish to have your legal address appear on the back of your driver license or ID.

☐ Check if you wish to add the Veteran Indicator. \*\* Must provide proof of honorable discharge\*\*

**3. Name Change: Must appear in person at any DMV Office with supporting documentation. Go to [dmv.nh.gov](http://dmv.nh.gov) for appointment availability and to find a list of acceptable supporting documentation.**

NEW NAME: \_\_\_\_\_  
*FIRST MIDDLE LAST SUFFIX (Jr. Sr. I, II, etc)*

**4. Other Personal Identification Information: To change Date of Birth you must appear in person at a DMV Office with supporting documentation such as an original or certified copy of your birth certificate or a valid US Passport. Go to [dmv.nh.gov](http://dmv.nh.gov) for appointment availability.**

Height	Weight	Eye Color	Hair Color	Date of Birth (mm/dd/year)

### 5. Donor Information:

Check Here  To Consent to Organ Donation pursuant to RSA 263:41.

Donation information will be provided to federally designated organizations so that your decision to donate may be honored.

Check here ☐ to remove your consent to Organ and Tissue donation.

I, the undersigned applicant, certify under penalty of unsworn falsification pursuant to RSA 641:3, all information provided is correct and true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY: ☐ Cash ☐ Check ☐ Credit Card

DSMV 30 (Rev 12/21)

# **Attachment J**

## **Change of Gender Designation Form**



State of New Hampshire Department of Safety  
Division of Motor Vehicles



**APPLICATION FOR DRIVER LICENSE OR NON-DRIVER ID CARD**

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

**I AM APPLYING FOR** Opt-in Real ID ☐ Yes ☐ No

<input type="checkbox"/> Original License/NH license in exchange for a license from another US State, the District of Columbia or Canadian Province or a US Territory	<input type="checkbox"/> Renewal	<input type="checkbox"/> Non – Driver ID Card	<input type="checkbox"/> Replacement Reason: _____
<input type="checkbox"/> Limited Privilege License	<input type="checkbox"/> Motorcycle Endorsement (includes 3 Wheel and motor driven cycle)		

Are you a United States Citizen?

☐ YES ☐ NO

Are you a New Hampshire Resident?

☐ YES ☐ NO

Do you have, or did you ever have a New Hampshire driver license or non-driver ID card? ☐ YES ☐ NO

Do you have or did you ever have a driver license that is valid or that expired within the past twelve months issued by another US State, the District of Columbia or a Canadian Province? ☐ YES ☐ NO

If "YES", where was it issued?: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Type of License: \_\_\_\_\_ License ID No.: \_\_\_\_\_

**IDENTIFICATION INFORMATION**

☐ PLEASE CHECK BOX IF MAILING AND LEGAL ADDRESS ARE THE SAME

FIRST NAME (REQUIRED) MIDDLE (REQUIRED) LAST NAME (REQUIRED) SUFFIX (Sr, Jr, etc.)

_____	_____	_____	_____
-------	-------	-------	-------

ADDRESS WHERE YOU GET YOUR MAIL (REQUIRED)

STREET	APT. #	CITY OR TOWN	STATE	ZIP CODE
--------	--------	--------------	-------	----------

LEGAL ADDRESS (ADDRESS WHERE YOU LIVE) (REQUIRED)

STREET	APT. #	CITY OR TOWN	STATE	ZIP CODE
--------	--------	--------------	-------	----------

(ALL ARE REQUIRED)

DATE OF BIRTH GENDER HEIGHT WEIGHT EYE COLOR HAIR COLOR

MONTH	DAY	YEAR	MALE	FEMALE	OTHER	FEET	INCHES	POUNDS		
-------	-----	------	------	--------	-------	------	--------	--------	--	--

(REQUIRED IF FIRST OR ORIGINAL NH DRIVER LICENSE OR REAL ID)

SOCIAL SECURITY INFORMATION

TELEPHONE NUMBER (OPTIONAL)

E-MAIL ADDRESS (OPTIONAL)

____	____	____	____	____	____	( ) -	
------	------	------	------	------	------	-------	--

**OPTIONAL** (CHECK ANY THAT APPLY)

<input type="checkbox"/> I wish to add the Veteran Indicator (Additional documents required)	<input type="checkbox"/> I do not wish to have my photograph retained in the records of the Department of Safety (RSA 260:14) (Does not apply to REAL ID)	<input type="checkbox"/> I wish to have my legal address appear on the back of my driver license or ID card. (Required on REAL ID)
<input type="checkbox"/> I wish to have my social security number removed from DMV Records, pursuant to RSA 263:40-a (Does not apply to REAL ID)		<input type="checkbox"/> I am 18 years old and consent to registration with the Selective Service System as required by Federal Law (RSA 263:5-c) (Only for males age 18 – 25)



**CHECK HERE TO  
SAVE A LIFE**

By checking this box, you consent to Organ & Tissue Donation pursuant to RSA 263:41. Donation information will be provided to federally-designated organizations so that your decision to donate may be honored.

**SIGN HERE**

_____
-------

**DATE**

_____
-------

By signing above, I certify that I have paid all resident taxes or Interest and Dividends Tax (RSA 77) for which I am liable, and, if required, insurance certificates are on file with the Director of Motor Vehicles. My driving privileges are not subject to or under disqualification, suspension or revocation by any jurisdiction (does not apply to non-driver ID). This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

**FEE SCHEDULE**

Make checks payable to: State of NH - DMV

LICENSE TYPE	ORIGINAL	RENEWAL	LICENSE TYPE	ORIGINAL	RENEWAL
Operator or Limited Privilege	\$50.00	\$50.00	Motorcycle Only	\$55.00	\$55.00
Non-Driver Identification	\$10.00	\$10.00	Motorcycle Endorsement	\$30.00	\$ 5.00
Operator/Motorcycle	\$80.00	\$55.00	Motor Driven Cycle	\$55.00	\$55.00
REAL ID	\$60.00	\$60.00	Moped	\$ 8.00	\$ 8.00

**DMV USE ONLY**

Vision Test ☐ With CL ☐ Without CL

DSMV450 (Revised 8/21)

Payment Method: ☐ CASH ☐ CHECK ☐ CREDIT CARD ☐ MONEY ORDER

# **Attachment K**

**U.S. Passport Renewal Application  
for Eligible Individuals (Form DS-82)**



**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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I was at least 16 years old when my most recent U.S. passport book and/or passport card was issued.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I was issued my most recent U.S. passport book and/or passport card less than 15 years ago.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I use the same name as on my most recent U.S. passport book and/or U.S. passport card. <b>--OR--</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> 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](http://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](http://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](mailto: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](http://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 an 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](https://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](https://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](https://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](https://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](https://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

☐ D ☐ O ☐ DP DOTS Code

End. # Exp.

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](http://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.

## 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 \*

<b>Name of Applicant</b> <i>(Last, First &amp; Middle)</i> <input style="width: 95%;" type="text"/>	<b>Date of Birth</b> <i>(mm/dd/yyyy)</i> <input style="width: 95%;" type="text"/>
--	--

<b>12. Height</b>	<b>13. Hair Color</b>	<b>14. Eye Color</b>	<b>15. Occupation</b>	<b>16. Employer or School</b> <i>(if applicable)</i>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

<b>17. Additional Contact Phone Numbers</b>			
<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Home
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cell
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>18. Permanent Address:</b> <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 <b>(No P.O. Box)</b>		Apartment/Unit	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
City	State	Zip Code	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

<b>19. Emergency Contact</b> - <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: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>
City	State	Zip Code	Phone Number	Relationship	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

<b>20. Travel Plans</b>		
Departure Date <i>(mm/dd/yyyy)</i>	Return Date <i>(mm/dd/yyyy)</i>	Countries to be visited
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

STOP! YOU HAVE COMPLETED YOUR APPLICATION  
BE SURE TO SIGN AND DATE PAGE ONE

## WHERE DO I MAIL THIS APPLICATION?

### If applying in the United States or Canada:

**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.

### If applying outside the United States or Canada:

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](http://www.usembassy.gov) to find the nearest U.S. Embassy or Consulate for procedures for applying outside the United States.



\* DS 82 C 08 2013 2 \*

# Attachment L

**Application for a U.S. Passport (Form DS-11)**



## 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](http://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](mailto: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 1/2 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](http://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](http://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](https://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](https://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](https://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



# APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO.: 1405-0004  
EXPIRATION DATE: 4-30-2021  
ESTIMATED BURDEN: 85 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

☐ D ☐ O ☐ Dep DOTS  
End. # Exp.

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](http://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.

## STOP! CONTINUE TO PAGE 2

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

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

☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other

Name

Issue Date (mm/dd/yyyy)

Exp. Date (mm/dd/yyyy)

State of Issuance

ID No

Country of Issuance

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

☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other

Name

Issue Date (mm/dd/yyyy)

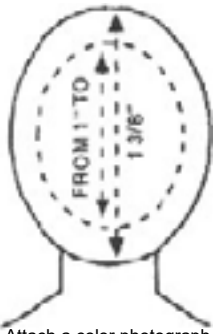
Exp. Date (mm/dd/yyyy)

State of Issuance

ID No

Country of Issuance

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



Attach a color photograph taken within the last six months

☐ Acceptance Agent ☐ (Vice) Consul USA

☐ Passport Staff Agent

(Seal)

Name of courier company (if applicable)

Facility ID Number

Facility Name/Location

Agent ID Number

Signature of person authorized to accept applications

Date

x Applicant's Legal Signature - age 16 and older

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

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

For Issuing Office Only → Bk Card EF Postage Execution Other



\* DS 11 C 09 2013 1 \*

Name of Applicant (Last, First, &amp; Middle)

Date of Birth (mm/dd/yyyy)

**10. Parental Information**

Last Name (at Parent's Birth)

Mother/Father/Parent - First &amp; Middle Name

Date of Birth (mm/dd/yyyy)

Place of Birth

Sex U.S. Citizen?

☐ Male ☐ Yes  
☐ Female ☐ No

Mother/Father/Parent - First &amp; Middle Name

Last Name (at Parent's Birth)

Date of Birth (mm/dd/yyyy)

Place of Birth

Sex U.S. Citizen?

☐ Male ☐ Yes  
☐ Female ☐ No
**11. Have you ever been married?** ☐ Yes ☐ No *If yes, complete the remaining items in #11.*

Full Name of Current Spouse or Most Recent Spouse

Date of Birth (mm/dd/yyyy)

Place of Birth

U.S. Citizen? ☐ Yes ☐ NoDate of Marriage  
(mm/dd/yyyy)Have you ever been widowed or divorced? ☐ Yes ☐ NoWidow/Divorce Date  
(mm/dd/yyyy)**12. Additional Contact Phone Number**
☐ Home ☐ Cell  
☐ Work
**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 or 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?** ☐ Yes ☐ No *If yes, complete the remaining items in #21.*

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: ☐ Submitting with application ☐ Stolen ☐ Lost ☐ 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: ☐ Submitting with application ☐ Stolen ☐ Lost ☐ In my possession (if expired)**PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY**

Name as it appears on citizenship evidence

☐ Birth Certificate SR CR City Filed:

Issued:

☐ Nat. / Citiz. Cert. USCIS USDC Date/Place Acquired:

A#

☐ Report of Birth Filed/Place:☐ Passport C/R S/R Per PIERS #DOI:☐ Other:☐ Attached:
☐ P/C of Citiz ☐ P/C of ID ☐ DS-71 ☐ DS-3053 ☐ DS-64 ☐ DS-5520 ☐ DS-5525 ☐ PAW ☐ NPIC ☐ IRL ☐ Citiz W/S


\* DS 11 C 09 2013 2 \*

# **Attachment M**

## **Social Security Application**



## **Application for a Social Security Card**

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### **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](http://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](http://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.

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**EVIDENCE DOCUMENTS**

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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.

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## HOW TO COMPLETE THIS APPLICATION

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**Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 1/2" 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 does not affect decisions on your application. We request this information for research and statistical purposes, to ensure all our customers receive fair and equal treatment.
- 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.

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## HOW TO SUBMIT THIS APPLICATION

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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.

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**PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD**

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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.

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**PRIVACY ACT STATEMENT**  
**Collection and Use of Personal Information**

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Sections 205 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 and issuing you a new or replacement Social Security card.

We will use the information you provide to issue you a 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 Social Security number; and
- To student volunteers, persons working under a personal services contract, and others when they need access to information in our records in order to perform their assigned agency duties.

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 Notices (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](http://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 between 5 and 60 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](http://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 regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden 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

<b>1</b>	<b>NAME</b> 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			
<b>2</b>	Social Security number previously assigned to the person listed in item 1		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate) City	State or Foreign Country	Office Use Only FCI	<b>4</b> <b>DATE OF BIRTH</b> MM/DD/YYYY
<b>5</b>	<b>CITIZENSHIP</b> (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)		
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>7</b>	<b>RACE</b> 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	
<b>8</b>	<b>SEX</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>	First	Full Middle Name	Last
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9B on Page 3)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <input type="checkbox"/> Unknown		
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>	First	Full Middle Name	Last
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <input type="checkbox"/> Unknown		
<b>11</b>	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.)			
<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last
<b>13</b>	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY	
<b>14</b>	<b>TODAY'S DATE</b> MM/DD/YYYY	<b>15</b>	<b>DAYTIME PHONE NUMBER</b> Area Code    Number	
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No. City    State/Foreign Country    ZIP Code		
<b>17</b>	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.			
<b>18</b>	<b>YOUR SIGNATURE</b>	<b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____		

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

# 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](http://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](http://www.gladanswers.org).

If you notice any errors in this guide, please let us know by emailing [gladlaw@glad.org](mailto:gladlaw@glad.org).



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Massachusetts  
Transgender  
Political  
Coalition

ROPES & GRAY