



The way to update your name with Social Security is with the same form you use to apply for a new card.

1. Fill out an application.

- Fill out form SS-5 (included in this packet), or
- Complete an online application at ssa.gov/ssnumber
 - If you are changing both your name and gender marker, select the Change my name option.
 - You must go to your local Social Security office within 45 days of completing the online application

2. Go to your local Social Security office.

- Find your local office at secure.ssa.gov/ICON/main.jsp.
- Bring the following documents:
 - your state ID or driver's license.
 - Form SS-5, if you didn't do the application online
 - name change court order.
- Tell the Social Security worker you also need to change your gender marker. Social Security does not require a doctor's letter or court order to change your gender marker.

Social Security gender marker options are Female and Male.

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

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

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

Original Social Security Card

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

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

Replacement Social Security Card

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

Changing Information on Your Social Security Record

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

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

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

IF YOU HAVE ANY QUESTIONS

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

EVIDENCE DOCUMENTS

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

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

Evidence of Age

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

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

Evidence of Identity

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

As proof of your identity, you must provide a:

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

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

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

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

Evidence of U.S. Citizenship

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

Evidence of Immigration Status

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

HOW TO COMPLETE THIS APPLICATION

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

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

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.
5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and 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.

HOW TO SUBMIT THIS APPLICATION

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

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

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

PRIVACY ACT STATEMENT
Collection and Use of Personal Information

Sections 202, 205(c), and 702 of the Social Security Act (Act), as amended, allow us to collect this information, which we will use to assign a Social Security number, issue a Social Security card, and make a timely determination concerning eligibility for Social Security benefits. Providing the information is voluntary, but not providing all or part of the information may prevent us from assisting you. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices (SORN) 60-0058, 60-0090, 60-0103, and 60-0104, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs. The Act also allows us to collect race and ethnicity information, which we will use for research and statistical purposes. Furnishing us this information is voluntary and will not be used in decisions about your application.

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. 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

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

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



INDIANA PHOTO ID OR DRIVER'S LICENSE

If you are changing your name, you must visit a Social Security Administration office to officially change your name on Social Security documentation first.

Allow at least one business day after your Social Security name change is completed before visiting a BMV branch to change your name on your ID.

Bring the following to your local BMV office:

- Current Photo ID/driver's license
- Name change order
- Proof of gender change (you cannot use your court order)
 - [BMV form 55617](#) signed by your physician; or
 - Updated birth certificate

Gender markers for BMV IDs and driver's licenses include F (female) and M (male).



VOTER REGISTRATION

Transgender people can vote, even if their gender does not match what is listed on their government issued ID. Transgender people must be registered with the name that is listed on their government issued ID.

You can update your voter registration on-line at <https://indianavoters.in.gov/>



PHYSICIAN'S STATEMENT OF GENDER CHANGE

State Form 55617 (7-14)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES

100 North Senate Avenue
Room N481
Indianapolis, IN 46204

- INSTRUCTIONS:**
1. Complete form in blue or black ink or print form.
 2. A licensed physician must complete Section 2.
 3. Applicant must complete Section 3.
 4. Submit completed form with original signatures to any BMV license branch location.

SECTION 1 - APPLICANT'S INFORMATION			
Legal Name (<i>last, first, middle initial</i>)	Indiana Driver's License Number (DLN)	Date of Birth (<i>mm/dd/yyyy</i>)	
Address (<i>number and street</i>)	City	State	ZIP code
SECTION 2 - PHYSICIAN'S STATEMENT FOR GENDER CHANGE (140 IAC 7-1.1-3(d)(3)(C)(ii))			
I certify _____ successfully underwent all treatment necessary to permanently change <i>(Insert applicant's name.)</i>			
_____ gender from _____ to _____ <i>(Insert applicant's name.) (Insert prior gender.) (Insert new gender.)</i>			
By signing this form, I swear or affirm under the penalty of perjury that the information on this form is true and correct.			
Printed Name of Physician	Medical License Number	State of Issuance	
Signature of Physician	Date Signed (<i>mm/dd/yyyy</i>)	Physician Telephone Number	
SECTION 3 - SIGNATURE OF APPLICANT			
By signing this form, I authorize the above information to be released to the Indiana Bureau of Motor Vehicles. I swear or affirm under the penalty of perjury that the information on this form is true and correct.			
Printed Name of Applicant			
Signature of Applicant			Date Signed (<i>mm/dd/yyyy</i>)



You have two options for updating your birth certificate: go in person to the county health department where you were born or request a copy from the state via mail. Going to the health department where you were born. It is often fastest to go to your local health department.

You can find information for the State Department of Health and contact information for local health departments at in.gov/health/vital-records/birth-information/.

Gender markers for Indiana birth certificates are F (female), M (male), and X (nonbinary).

To request by mail, send the attached letter requesting an amended birth certificate that reflects your new legal name and gender and include the following:

- Copy of your court ordered name and gender change (sometimes they ask for a certified copy. You can get certified copies from the clerk.)
- Application for Search and Certified Copy of Birth Record
- Copy of your photo ID (The Department of Health will not send a birth certificate to an address other than the one on your ID)
- Check or money order for \$18

Mail the letter to:

ISDH Vital Records
Attn: Corrections
2 N. Meridian St.
Indianapolis, IN 46204

ISDH Vital Records
Attn: Corrections
2 N. Meridian St.
Indianapolis, IN 46204

Date: _____, 20____

Dear Vital Records:

I am writing to request you update the name and gender on my Indiana Birth

Certificate. In support of this request, I am including the following:

- Copy of my court ordered name and gender change
- Copy of my photo ID
- Check or money order for \$18

Please mail the updated birth certificate to me at:

If you have any questions, you can reach me at (____)- _____ - _____.

Thank you for your time,



APPLICATION FOR SEARCH AND CERTIFIED COPY OF BIRTH RECORD

State Form 49607 (R10 / 9-18)
INDIANA STATE DEPARTMENT OF HEALTH

BIRTH RECORDS IN THE STATE VITAL RECORDS OFFICE BEGIN WITH OCTOBER 1907. Prior to October 1907, records of birth are filed **ONLY** with the local health department in the county where the birth actually occurred.

FEES ARE ESTABLISHED BY LAW (IC 16-37-1-11 and IC 16-37-1-11.5). Each search for a record costs \$10.00. The fee is non-refundable. Included in one search is a five (5) year period: the reported year of birth and, if the record is not found in that year, the two (2) years before and after. A certified copy of the record, if found, is included in the search fee. Additional copies of the same record purchased at the same time are \$4.00 each. Amendments made to the record are an additional \$8.00.

WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE UNDER IC 16-37-1-12.

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7 (SEE REQUIREMENTS AND ACCEPTABLE DOCUMENTATION LIST). Requests for birth certificates sent without proper identification will be returned to the requester without processing. Please complete all items below as required pursuant to IC 16-37-1-10 (a):

Full Name at Birth		
Could this birth be recorded under any other name? <i>If Yes, Please Give Name.</i>		
Has the person ever been adopted? <i>If Yes, Please Give Name AFTER Adoption.</i>		
Place of Birth: City	Place of Birth: County	
Name of Hospital		
Date of Birth (<i>Month, Day, Year</i>)	Is this Person Deceased? (<i>Please Check One</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If YES which state, if known _____	
Full Name of Parent 1 (<i>If adopted, Give Name of Adopted Parent.</i>)		
Full Name of Parent 2 including Maiden Name (<i>If adopted, Give Name of Adopted Parent.</i>)		
Purpose for which record is to be used		
Your Relationship to the Individual Named on the requested certificate		
Total Certificates Standard Size _____ (<i>Passport Acceptable</i>) Long Form _____ (<i>Statistical Version</i>) (<i>Please note: If a long form is unavailable, standard size will be sent.</i>)		
Is this certificate for an Apostille? (<i>Please Check One.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	Delivery Preference (<i>Please call agency for current express delivery rate.</i>) <input type="checkbox"/> Regular Mail <input type="checkbox"/> Express Courier, Signature upon delivery required	Total Fee
Print Name of Applicant	Signature of Applicant	
Mailing Address (<i>Number, Street, City, State, ZIP Code</i>) ADDRESS MUST MATCH THE IDENTIFICATION PROVIDED.		
Daytime Telephone Number (<i>including Area Code</i>)	Today's Date (<i>Month, Day, Year</i>)	
Send this application(s) with a check or money order payable to the Indiana State Department of Health, along with copy of Government State, or Military valid identification and/or required documentation to: Indiana State Department of Health, Vital Records, 2 North Meridian Street, Indianapolis, IN 46204. Web address www.in.gov/ISDH . Please note: If identification does not match the address provided, your request will not be processed.		

FOR OFFICE USE ONLY

Date received (<i>Month, Day, Year</i>)	Receipt Number	Volume Number
Certificate Number	Application Number	Initials of Verifier



To update the name or gender marker on a passport you have had for more than 365 days, you have to renew your passport.

To renew or apply for a passport:

1. Apply at a passport processing office.

You can search for offices at <https://iafdb.travel.state.gov/>. Check the detailed information for the location to see whether you need to make an appointment.

2. Bring the following documents

- Form DS-11: *Application for a U.S. Passport*. The gender marker you choose on this form is the one that will appear on your passport. The form is available at: <https://eforms.state.gov/Forms/ds11.PDF>
- Proof you are a U.S. citizen – any one of:
 - Certified Copy of Birth Certificate
 - Certificate of Naturalization or Citizenship
 - Your current passport
- Photo ID (bring your ID and a copy of the front and back)
- Certified Court Ordered Name Change
- \$140 payable to the US Dept of State
- \$35 payable to the acceptance facility
- One passport size photo that reflects your current appearance (see photo requirements at <https://travel.state.gov/content/travel/en/passports/how-apply/photos.html>).

Gender markers on passports include F (female) and M (male), and X.

You can find more information about passport gender markers at <https://travel.state.gov/content/travel/en/passports/need-passport/selecting-your-gender-marker.html>

This document is not intended to be legal advice. It only gives general information on updating documents. If you need further assistance changing your documents at any agency, or an agency refuses to change your documents, please contact Indiana Legal Services.



OUT OF STATE DOCUMENTS

Information about how to update out of state and other federal IDs can be found at:
<https://transequality.org/documents>.