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# Name and Gender Marker Change: Massachusetts Quick Reference Guide

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**Massachusetts  
Transgender  
Political  
Coalition**

**ROPES & GRAY**

## About This Guide

All individuals who signed up for assistance through the Pop-Up ID Project through <https://www.glad.org/id/> will be paired with an attorney from Ropes & Gray LLP or Goodwin Procter LLP. Because of high demand, however, it can sometimes take up to two months to match you with a lawyer.

If you are not in a rush to change your name and gender marker on your identity documents, it may benefit you to wait for an attorney. We understand, however, that some people are anxious to move forward with this process. Therefore, we created this guide for those who want to get started as soon as possible.

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, such as individuals with criminal records or minors who have a parent who does not consent to the minor's desired changes, more detailed assistance from an attorney may be needed.

This guide provides the most common forms used to complete the name change and gender marker change process for Massachusetts residents. 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 specific forms apply to you.

The order in which you change certain documents, or whether you decide to change them at all, is somewhat flexible, but we generally recommend that you change documents in the following order:

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

Once the above documents are changed, it is generally easier to change other documents such as records with employers, schools, and other such documents. This guide does not provide forms for changing these documents as the process varies greatly depending on location and type of document. Most of these documents can be changed administratively with a simple phone call, but there are certain documents, particularly marriage certificates or children's birth certificate, that may require additional assistance from an attorney.

A note about non-binary gender marker changes:

Many individuals may choose to have a non-binary gender marker on identifying documents. For example, Massachusetts recently passed a law permitting residents to select "X" as a gender marker on driver's licenses. If you are interested in using a non-binary gender marker, we recommend that you wait to speak to an attorney before making this change. Not all identity documents, including federal documents such as social security records and passports, currently permit individuals to use a non-binary gender marker. Therefore, there may be implications for individuals who have documents that use non-binary markers. An attorney will be able to help you understand these potential implications and how to manage them.

We understand that this process may be overwhelming for many individuals, and if you feel overwhelmed by it or have any questions, an attorney can help walk you through the process as soon as one is available. We also know that this process is not always a smooth one, as the government offices can make mistakes or ask questions that may be confusing. An attorney can help you with these situations as well. 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!

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Petition for Name Change  
Materials: Adults (18 & Older)

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## Petition for Name Change Materials: Adults

- Required Documents:
  - Completed and notarized CJP-27 Petition to Change Name of Adult form (pg. 7).
    - Note that this form asks for a “reason for name change” in Section 5. You do not need to disclose personal details here – just write “common usage” or “it’s the name I use.”
  - An **original** copy of your long-form birth certificate (not a copy or “abstract”).
    - The long-form certificate will list all details, such as the parents’ names.
  - A certified copy of any prior name change (if you have one).
  - Completed CJP-34 Court Activity Record Information (CARI) & Warrant Management System (WMS) authorization form (pg. 24).
  - A certified copy of any prior name change, such as a marriage certificate or Judgement of Divorce (if applicable).
- Optional Documents:
  - Motion to Waive Publication Requirement.
  - Affidavit of Indigency.
- Where and How to File:
  - Completed documents must be filed with the Commonwealth of Massachusetts Probate and Family Court in the county in which you live. See [https://www.mass.gov/orgs/probate-and-family-court/locations?\\_page=1](https://www.mass.gov/orgs/probate-and-family-court/locations?_page=1) for a full list of probate courts in MA.
    - Once at the courthouse, bring the documents to the clerk of the court and they will file the documents for you.
  - The clerk should assign you a "docket number." Make sure to get a receipt or write down your assigned docket number.
    - If the clerk cannot provide a docket number immediately, follow up with the court in a few days to obtain one.
  - Ask the clerk about the current wait times in your county. In most counties it can take between three weeks and three months for the petition to be processed.
- Important Note:
  - Upon completion of the name change process, you will receive an official Name Change Order.
  - You should get multiple certified copies (at least 2) of the Name Change Order because you will need to provide a certified copy in connection with changes to your Massachusetts Birth Certificate.
- Fees:
  - The current filing fee for a name change petition is \$150, plus a \$15 surcharge.
  - Fee for a Notice of Publication is \$15.
    - See pg. 34 for information about the publication requirement.
- For the most up-to-date information about MA name change requirements, see <https://www.mass.gov/name-changes>.

**PETITION TO  
CHANGE NAME OF ADULT  
G. L. c. 210, § 12**

Docket No.

**Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court**

**In the Matter of:**

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle Name

\_\_\_\_\_ Last Name

\_\_\_\_\_ **Division**

**(Current Name of Petitioner)**

**INFORMATION ABOUT THE PETITIONER**

1. My current legal name is: \_\_\_\_\_  
First Name Middle Name Last Name

2. My current address is: \_\_\_\_\_  
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Mailing Address, if different: \_\_\_\_\_  
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**FORM ALERT: The petitioner must reside in the county where this petition is filed.**

3. Have you changed your name prior to this petition?  No  Yes

*If Yes, please complete the following:*

From: \_\_\_\_\_

To: \_\_\_\_\_

Reason: \_\_\_\_\_

**FORM ALERT: A certified copy of your birth certificate and a certified copy of any prior name change (i.e., marriage certificate, divorce decree, court order changing name) must be filed with this petition.**

Check here to request a return, by first class mail, of all certified copies of documents filed with the court after review and processing.

**INFORMATION ABOUT THE PROPOSED NEW NAME**

4. I am requesting that my name be changed from my current legal name to:

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle Name

\_\_\_\_\_ Last Name

5. I am requesting that my name be changed for the following reason:

**AUTHORIZATION TO CONDUCT A CARI AND WMS CHECK**

6. I authorize the court to conduct a Court Activity Record Information (CARI) and Warrant Management System (WMS) check on any names used by me by submitting the attached Court Activity Record Information and Warrant Management System Release Request Form (CJP 34).

**OTHER REQUESTS (OPTIONAL)**

7.  If there is a hearing on this petition, I request an interpreter. Language: \_\_\_\_\_

**NOTARIZED SIGNATURE OF PETITIONER**

Date: \_\_\_\_\_ Sign here in the presence of a Notary → \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name of Petitioner

Commonwealth of Massachusetts

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which

(Name of Document Signer)

were \_\_\_\_\_, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

(seal) Notary Public Signature \_\_\_\_\_ My commission expires: \_\_\_\_\_

Print Name \_\_\_\_\_

Information on Attorney for Petitioner, if any

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Apt, Unit, No. etc.)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Primary Phone #: \_\_\_\_\_

B.B.O. # \_\_\_\_\_

Email: \_\_\_\_\_



[End of Section]

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Petition for Name Change Materials:  
Minors (17 and Younger)

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## Petition for Name Change Materials: Minors (17 & Younger)

- Required Documents:
  - Completed and notarized CJP-25 Petition to Change Name of Minor form (pg. 13).
    - Note that this form asks for a “reason for name change” in Section 13. You do not need to disclose personal details here – just write “common usage” or “it’s the name I use.”
  - Completed OCAJ-1 Affidavit Disclosing Care and Custody form (pg. 18).
    - This is required for all minors, regardless of custody situation. The first page of the form provides answers to many common questions.
  - An original copy of the minor’s long-form birth certificate (not a copy or “abstract”).
    - The long-form certificate will list all details, such as the parents’ names.
  - Completed CJP-34 Court Activity Record Information (CARI) & Warrant Management System (WMS) authorization form (pg. 24).
    - Note that some counties only require this for minors 12 years and older.
  - A certified copy of any prior name change (if applicable).
  - A death certificate of any deceased parent or guardian (if applicable).
- Optional Documents:
  - Motion to Waive Publication Requirement.
    - Note that many counties do not require publication for minors.
  - Affidavit of Indigency.
- Where and How to File:
  - Completed documents must be filed with the Commonwealth of Massachusetts Probate and Family Court in the county in which you live. See [https://www.mass.gov/orgs/probate-and-family-court/locations?\\_page=1](https://www.mass.gov/orgs/probate-and-family-court/locations?_page=1) for a full list of probate courts in MA.
    - Once at the courthouse, bring the documents to the clerk of the court and they will file the documents for you.
  - The clerk will assign you a "docket number." Make sure to get a receipt or write down your assigned docket number.
    - If the clerk cannot provide a docket number immediately, follow up with the court in a few days to obtain one.
  - Ask the clerk about the current wait times in your county. In most counties it can take between three weeks and three months for the petition to be processed.
- Important Note:
  - Upon completion of the name change process, you will receive an official Name Change Order.
  - You should get multiple certified copies (at least 2) of the Name Change Order because you will need to provide a certified copy in connection with changes to your Massachusetts Birth Certificate.

- Fees:
  - The current filing fee for a name change petition is \$150, plus a \$15 surcharge.
  - Fee for a Notice of Publication is \$15.
    - See pg. 34 for information about the publication requirement.
- For the most up-to-date information about MA name change requirements, see <https://www.mass.gov/name-changes>.

<b>PETITION TO CHANGE NAME OF MINOR</b> <b>G. L. c. 210, § 12</b>	Docket No. _____	<b>Commonwealth of Massachusetts The Trial Court Probate and Family Court</b>
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<b>In the Matter of:</b>  _____ <small>First Name                  Middle Name                  Last Name</small> <b>(Current Name of Minor Child)</b>	_____ <b>Division</b>
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**INFORMATION ABOUT THE MINOR CHILD**

1. The petitioner, \_\_\_\_\_, is a minor.  
First Name                  Middle Name                  Last Name  
**(Print child's current legal name here)**

2. The petition is presented on behalf of the child by *(check all that apply)*:  
 legal mother/parent 1     legal father/parent 2     court-appointed guardian(s)

3. Child's date of birth: \_\_\_\_\_ Current age: \_\_\_\_\_

4. Child's current address:  
 \_\_\_\_\_  
(Address)                  (Apt, Unit, No. etc.)                  (City/Town)                  (State)                  (Zip)

**FORM ALERT: The child must reside in the county where this petition is filed.**

5. Has the child ever changed his/her name prior to this petition?     No     Yes *(if yes, please complete the following)*

From: \_\_\_\_\_

To: \_\_\_\_\_

Reason: \_\_\_\_\_

**FORM ALERT: A certified copy of the child's birth certificate and a certified copy of any prior name change must be filed with this petition.**

Check here to request a return, by first class mail, of all certified copies of documents filed with the court after review and processing.

**INFORMATION ABOUT THE MINOR CHILD'S LEGAL PARENTS**

6. The child's legal parents (as listed on the child's birth certificate) are:

<b>Mother/Parent 1</b>  _____ <small style="margin-left: 100px;">Name</small>  _____ <small style="margin-left: 100px;">(Address)                  (Apt, Unit, No. etc.)</small>  _____ <small style="margin-left: 100px;">(City/Town)                  (State)                  (Zip)</small>  Primary Phone #: _____ Email Address: _____	<b>Father/Parent 2</b>  _____ <small style="margin-left: 100px;">Name</small>  _____ <small style="margin-left: 100px;">(Address)                  (Apt, Unit, No. etc.)</small>  _____ <small style="margin-left: 100px;">(City/Town)                  (State)                  (Zip)</small>  Primary Phone #: _____ Email Address: _____
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**FORM ALERT: If the address or whereabouts is unknown you must file a Motion for Service by Alternate Means and Affidavit of Diligent Search (CJP 31).**

- Check here if only one parent is listed on the child's birth certificate.
- Check here if any legal parent listed on the child's birth certificate is deceased (*attach a copy of the death certificate(s)*).
- Check here if any legal parent listed on child's birth certificate has had their parental rights terminated in a prior court proceeding (*attach proof*).

**INFORMATION ABOUT THE MINOR CHILD'S GUARDIAN (IF ANY)**

7. Does the child have a court-appointed guardian?  No  Yes (*if yes, complete the following and attach proof unless already on file with this court.*):

Guardian	Co-Guardian
Name _____	Name _____
(Address) _____ (Apt, Unit, No. etc.) _____	(Address) _____ (Apt, Unit, No. etc.) _____
(City/Town) _____ (State) _____ (Zip) _____	(City/Town) _____ (State) _____ (Zip) _____
Primary Phone #: _____	Primary Phone #: _____
Email Address: _____	Email Address: _____

**FORM ALERT: If the address or whereabouts is unknown you must file a Motion for Service by Alternate Means and Affidavit of Diligent Search (CJP 31).**

**INFORMATION ABOUT ASSENTS**

Complete **ALL** of the following:

- 8. The minor child who is 12 years of age or older assents to the petition (*see notarized assent on this petition*).  
 Not applicable. The minor child is not 12 years of age or older.
- 9. The legal mother/parent 1  
 assents to the petition (*see notarized assent on this petition or separate notarized assent form filed with this petition*).  
 does not assent. Explain: \_\_\_\_\_
- 10. The legal father/parent 2  
 assents to the petition (*see notarized assent on this petition or separate notarized assent form filed with this petition*).  
 does not assent. Explain: \_\_\_\_\_
- 11. All court-appointed guardians  
 assent to the petition (*see notarized assents on this petition or separate notarized assent forms filed with this petition*).  
 do not assent. Explain: \_\_\_\_\_  
 Not applicable. There is no court-appointed guardian.

**INFORMATION ABOUT THE MINOR CHILD'S PROPOSED NEW NAME**

12. It is in the best interests of the minor child to change the child's name:

To: \_\_\_\_\_  

First Name
Middle Name
Last Name

13. A change of name is sought for the following reason:

**AUTHORIZATION TO CONDUCT A CARI AND WMS CHECK**

14. I/We authorize the court to conduct a Court Activity Record Information (CARI) and Warrant Management System (WMS) check on any names used by the child, if the child is 12 years of age or older, by submitting the attached Court Activity Record Information and Warrant Management System Release Request Form (CJP 34).

**OTHER REQUESTS (OPTIONAL)**

15. If there is a hearing on this petition, I request an interpreter for *(check all that apply)*:


- minor child     mother/parent 1     father/parent 2     court-appointed guardian(s)

Language(s): \_\_\_\_\_

**IMPORTANT - PLEASE READ**

If the minor child who is the subject of this petition is 12 years of age or older, the child's written notarized assent must be obtained below **before filing this petition**. See Uniform Practice XXXV.

**NOTARIZED SIGNATURE OF MINOR CHILD, 12 YEARS OF AGE OR OLDER**

Date: \_\_\_\_\_ Sign here in the presence of a Notary  \_\_\_\_\_

Commonwealth of Massachusetts


\_\_\_\_\_  
Type or Print Name of the Minor Child,  
12 years of age or older

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which  
(Name of Document Signer)  
were \_\_\_\_\_, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

(seal) Notary Public Signature \_\_\_\_\_ My commission expires: \_\_\_\_\_  
Print Name \_\_\_\_\_

**NOTARIZED SIGNATURE OF MINOR CHILD'S LEGAL PARENT(S)**

Date: \_\_\_\_\_ Sign here in the presence of a Notary  \_\_\_\_\_

Commonwealth of Massachusetts

\_\_\_\_\_  
Type or Print Name  
indicate if mother/parent 1 or father/parent 2

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which  
(Name of Document Signer)  
were \_\_\_\_\_, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

(seal) Notary Public Signature \_\_\_\_\_ My commission expires: \_\_\_\_\_  
Print Name \_\_\_\_\_

Date: \_\_\_\_\_ Sign here in the presence of a Notary → \_\_\_\_\_

Commonwealth of Massachusetts  
County of \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name  
indicate if mother/parent 1 or father/parent 2

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which  
(Name of Document Signer)  
were \_\_\_\_\_, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

(seal) Notary Public Signature \_\_\_\_\_ My commission expires: \_\_\_\_\_  
Print Name \_\_\_\_\_

**NOTARIZED SIGNATURE OF MINOR CHILD'S COURT- APPOINTED GUARDIAN(S), IF ANY**

Date: \_\_\_\_\_ Sign here in the presence of a Notary → \_\_\_\_\_

Commonwealth of Massachusetts  
County of \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name of guardian

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which  
(Name of Document Signer)  
were \_\_\_\_\_, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

(seal) Notary Public Signature \_\_\_\_\_ My commission expires: \_\_\_\_\_  
Print Name \_\_\_\_\_



[End of Form]

BMC Division _____	District Court Division _____	Juvenile Court Division _____	Prob & Family Court Division _____	Superior Court Division _____
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**Section 1** I, \_\_\_\_\_ hereby declare, to the best of my knowledge, information, and belief that all information on this form is true and complete:

**Section 2** The name(s) of the child(ren) whose care or custody is at issue in this case are:  
 A. \_\_\_\_\_ (LAST, FIRST)      B. \_\_\_\_\_ (LAST, FIRST)      C. \_\_\_\_\_ (LAST, FIRST)  
 Use only the letter appearing in front of the child's name above when referring to the child in completing the remaining sections.

**Section 3** The party filing this affidavit may request certain addresses to be kept confidential if the address is a shelter for battered persons and their dependent child(ren), or the party filing this affidavit believes that he/she or the child(ren) are in danger of physical or emotional abuse, or the party is filing an action under G.L. c. 209A. **If you believe that this provision applies to you, check the box at right, complete sections 10 and 11 on the reverse side of this page and DO NOT complete sections 4 and 5 below.**

**Section 4** The address(es) of the above-named child(ren) whose care and custody is at issue in this case is/are:  
 Address(es): \_\_\_\_\_ Address(es) During the Last 2 Years, if Different \_\_\_\_\_  
 CHILD A \_\_\_\_\_  
 CHILD B \_\_\_\_\_  
 CHILD C \_\_\_\_\_

**Section 5** My address is: \_\_\_\_\_

**Section 6** I  have  have not participated in and I  know  do not know of other care or custody proceedings involving the above-named child(ren) in Massachusetts or in any state or country.

Certified copies of any pleadings or determinations in care or custody proceeding outside of Massachusetts listed in Sections 7 and 8 must be filed with this affidavit unless already filed with this court or an extension for filing these documents has been granted by this court.

**Section 7** The following is a list of all pending or concluded proceedings I have participated in or know of involving the care or custody of the above-named child(ren):

Letter of Child	Court	Docket No.	Status	[W]itness [O]ther	[P]arty [N]one
CHILD _____	_____	_____	_____	[ ]	[ ]
CHILD _____	_____	_____	_____	[ ]	[ ]
CHILD _____	_____	_____	_____	[ ]	[ ]

**Section 8** The names and addresses of parties to care or custody proceedings involving any of the above-named child(ren) or those claiming a legal right to these child(ren) during the last two years (not including myself) are:

Letter of Child	Name of Party/Claimant	Current (or last known) Address of Party/Claimant
CHILD _____	_____	_____
CHILD _____	_____	_____
CHILD _____	_____	_____

**Section 9** **If the box at the right is checked, this affidavit discloses the adoption of one or more of the above-named child(ren) and I am requesting the court to impound this affidavit. See instructions.**

This affidavit must be personally signed by the party listed in section 1 above, unless he/she is under 18 years of age or has been adjudged incompetent in which case the attorney of record must sign. A revised affidavit must be filed with the court if new information is discovered subsequent to this filing.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ under the penalties of perjury.

X \_\_\_\_\_  
SIGNATURE OF PARTY OR ATTORNEY OF RECORD FOR JUVENILE/INCOMPETENT

\_\_\_\_\_  
PRINTED NAME OF PERSON SIGNING

\_\_\_\_\_  
ADDRESS OF ATTORNEY OF RECORD FOR JUVENILE/INCOMPETENT

**THE PARTY FILING THIS AFFIDAVIT MUST FURNISH A COPY OF IT TO ALL OTHER PARTIES TO THIS ACTION.**

The party filing this affidavit may request certain address(es) to be kept confidential if the address is a shelter for battered persons and their dependent child(ren), or the party filing this affidavit believes that he/she or the child(ren) are in danger of physical or emotional abuse, or the party is filing an action under G.L. c. 209A. If you checked the box in section 3 indicating that you believe the above provision applies to you, complete sections 10 and 11 below, and DO NOT complete sections 4 and 5.

**Section 10**

The address(es) of the child(ren) listed in section 2 whose care or custody is at issue in this case are:

Child(ren)	Address(es)	Address(es) During Last 2 Years, If Different
<b>Child A.</b>	_____ Street Address	_____ Street Address
	_____ City, State, Zip Code	_____ City, State, Zip Code
<b>Child B.</b>	_____ Street Address	_____ Street Address
	_____ City, State, Zip Code	_____ City, State, Zip Code
<b>Child C.</b>	_____ Street Address	_____ Street Address
	_____ City, State, Zip Code	_____ City, State, Zip Code

**Section 11**

My address is: \_\_\_\_\_  
Street Address, City, State, Zip Code

**LIST OF ATTORNEYS AND GUARDIANS AD LITEM/INVESTIGATORS**

Please list the names of all attorneys and guardians ad litem involved in the pending proceedings listed in section 7.

1.  \_\_\_\_\_  
Attorney(s) for child(ren). (Please specify if each child is represented by a different attorney.)

\_\_\_\_\_

\_\_\_\_\_

2.  \_\_\_\_\_  
GAL(s)/Investigator(s) (Please indicate if a GAL has been appointed to represent a specific child.)

\_\_\_\_\_

\_\_\_\_\_

3.  \_\_\_\_\_  
Attorney(s) for mother

\_\_\_\_\_

4.  \_\_\_\_\_  
Attorney(s) for father

(Fill Out Below If Applicable)

I, \_\_\_\_\_, attorney for D.C.F. or its agent have ascertained from the above checked off attorney(s) and guardian(s) ad litem/investigators a willingness to accept an appointment from the court to represent the same party should the court elect to make such appointment.

\_\_\_\_\_  
(Signature)

**Section 12**

**READ BEFORE COMPLETING THE AFFIDAVIT**

**A. WHAT IS AN "AFFIDAVIT DISCLOSING CARE OR CUSTODY PROCEEDING"?**

It is a document signed under the penalties of perjury which lists information required by Trial Court Rule IV concerning children involved in a care or custody proceeding.

**B. WHO MUST FILE THIS AFFIDAVIT?**

The party to a petition (including a modification petition) or complaint involving the care, custody, visitation, or change of name of a child pursuant to G.L. c. 119 (except delinquency actions under G.L. c. 201, G.L. c. 207, G.L. c. 208, G.L. c. 209, G.L. c. 209A, G.L. c. 209C, G.L. c. 210, or any other provision of law concerning the care or custody of a child must file this affidavit.

This affidavit **must be signed by the party** unless the party is under 18 years of age or has been adjudged incompetent in which case the attorney of record must sign this affidavit on behalf of the juvenile or incompetent party.

**C. WHEN MUST THIS AFFIDAVIT BE FILED?**

The person filing the petition or complaint must file this affidavit at the time of filing and the other party must file this affidavit with the first pleading.

This affidavit should be submitted upon the filing of an application for a Child Requiring Assistance (CRA) pursuant to G.L. c. 119.

This affidavit need not be filed if the petition or complaint is for **support only**.

**D. WHERE MUST THIS AFFIDAVIT BE FILED?**

The completed affidavit must be filed, in person or by mail, with the Clerk-Magistrate or Register of Probate in the court in which this action is being brought.

**E. WHEN MUST A REVISED AFFIDAVIT BE FILED?**

A revised affidavit must be filed with the Clerk-Magistrate or Register of Probate if new information is discovered subsequent to the filing of this affidavit.

**F. WHAT MUST BE FILED AS PART OF THIS AFFIDAVIT?**

Certified copies of each pleading and of any determination entered in a foreign country or in a state other than Massachusetts must be filed with this affidavit unless these documents are on file with the court in this case, or an extension has been granted by the court for filing these documents.

**INSTRUCTIONS FOR COMPLETING AFFIDAVIT**

When completing this affidavit if additional space is needed for any of the sections, attach a separate sheet which includes your name (printed), the docket number and the sections to which you are referring. You must also sign and date the sheet.

The party filing this affidavit must complete the section entitled "Name of Case" and indicate the Court Department and Division in which the case is being brought. The docket number should also be listed, if known.

**DO NOT COMPLETE SECTIONS 2, 3, 4, 8 AND 10 IF THIS AFFIDAVIT IS BEING FILED WITH A PETITION FOR ADOPTION.**

- Section 1 You must print your first and last name. If this affidavit is filed by an attorney on behalf of an incompetent person or a juvenile, the name of the party on which behalf this affidavit is being completed must be listed.
- Section 2 List the names of all child(ren) involved in this care or custody proceeding. All future references to the child(ren) listed in this section should be with the letter in front of the child's name (e.g. If John Smith is listed next to the letter A, all references to John Smith will be as Child A).
- Section 3 Check the box if this section applies to you. If this box is checked, do not complete Sections 4 and 5. You must complete Sections 10 and 11 on the reverse side of page 1.
- Sections 4 & 5 List the present and all prior addresses during the last two years of the above-named child(ren) and your present address. If legal custody of a child has been awarded to a social service agency, list the name and address of the agency with legal custody.
- Section 6 Check the appropriate box.
- Section 7 List all pending or concluded proceedings which you have participated in or know of involving the care or custody of the child(ren) named in this affidavit. Indicate the letter of the child; the court in which the case was heard, the docket number, the person(s) to whom custody was awarded, and the date of the award, and the nature of your participation in the proceeding by listing "W" for witness, "P" for party, "O" for other or "N" for none. If specific information required in this section is not known, you or your attorney should contact the court where the case was heard to obtain such information. **In the case of a petition for adoption, list all information except the person(s) to whom custody was awarded, the date of the award and the nature of your participation. Under the heading "Status of Case", indicate type of case.**
- Section 8 List the name(s) and current residential address(es), if known, otherwise the last known address(es) of parties to care or custody proceedings or persons claiming a legal right to the above-named child(ren) during the last two years. Do not include yourself.
- Section 9 Check this box if this affidavit discloses the adoption of a child and you are requesting the court to impound this affidavit. If this provision is applicable, you should contact the Clerk-Magistrate or Register of Probate for assistance concerning the appropriate motion to be filed.
- Sections 10 & 11 **COMPLETE ONLY IF YOU CHECKED THE BOX IN SECTION 3.** List the present and all prior addresses during the last two years of the child(ren) listed in Section 2 of this affidavit and your present address. If legal custody of a child has been awarded to a social service agency, list the name and address of the agency with legal custody.
- Section 12 List the attorneys and guardians ad litem/investigators previously appointed in Section 7.
- Signature The party listed in Section 1 must date and sign this affidavit except for an incompetent or juvenile, in which case the attorney of record on behalf of the juvenile or incompetent party must date and sign this affidavit and print his/her name and address.

**THIS AFFIDAVIT MUST BE FILED WITH THE COURT AND A COPY FURNISHED BY THE PARTY FILING IT TO ALL OTHER PARTIES TO THIS ACTION.**

[End of Form]

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CARI & WMS  
Authorization Form for  
Name Change Petition

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## **CARI & WMS Authorization Form for Name Change Petition**

- About This Form (CJP-34):
  - This form must be completed and attached to any change of name request filed with the court.
    - Note: In some counties, if the individual changing their name is a minor under 12 years old, this form is not required.

<b>COURT ACTIVITY RECORD INFORMATION AND WARRANT MANAGEMENT SYSTEM RELEASE REQUEST FORM</b>	Docket No.	<b>Commonwealth of Massachusetts The Trial Court Probate and Family Court</b>
Case Name	Division	

Type of Proceeding:

- |   |   |
|---|---|
| <input type="checkbox"/> Change of Name                       | <input type="checkbox"/> Adoption                           |
| <input type="checkbox"/> Guardianship of Incapacitated Person | <input type="checkbox"/> Guardianship of Minor              |
|   | <input type="checkbox"/> Other: _____<br>Type of Proceeding |

See generally, G. L. c. 190B, § 5-107; G. L. c. 210, § 13; Probate and Family Court Standing Order 1-11; and Uniform Practice XXXV.

Current Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number (last four digits ONLY): **XXX** - **XX** - \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Have you ever used any other name or alias? If yes, please list any and all names below:

↓ ↓ **FOR COURT USE ONLY** ↓ ↓

**Results of CARI**

- Record (attached)
- No Record
- Sealed Record

**Results of WMS**

- Active Warrants (attached)
- No Warrants

**Check conducted on:**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)



[End of Form]

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# Affidavit of Indigency for Name Change Petition

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## **Affidavit of Indigency for Name Change Petition**

- About This Form:
  - You may submit this form to the court with your name change petition if you are unable to pay the required fees (generally about \$200 in total).
  - If the court determines that you qualify based on the standards set forth in the form, all court fees will be waived. Note this only applies to fees from the probate court – it will not apply to fees in connection with other documents (i.e. social security, passport, birth certificate, etc.).
  - Remember that this form is a sworn statement to the court and that you should be truthful with all of the information that you provide.
- Filling Out the Form:
  - Section 2 requires you to indicate which fees you would like waived and the cost.
  - The current filing fee is \$150, plus \$15 surcharge.
  - The fee for a Notice of Publication is \$15.
- Before Submitting This Form:
  - If you checked “(C)” in Section 1, you must also fill out the Supplement to the Affidavit of Indigency (pg. 30).
  - If you did not check “(C)” in Section 1, the Supplement to the Affidavit of Indigency is not needed.

# AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER, SUBSTITUTION  
OR STATE PAYMENT OF FEES & COSTS

(Note: If you are **currently confined in a prison or jail** and are not seeking immediate release under G.L. c. 248 §1, but you are suing correctional staff and wish to request court payment of "normal" fees (for initial filing and service), **do not use this form**. Obtain separate forms from the clerk.)

---

Court	Case Name and Number (if known)	
Name of applicant: _____		
Address: _____		
(Street and number)	(City or town)	(State and Zip)

**SECTION 1:** Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:  
**I AM INDIGENT** in that (*check only one*):

- (A) I receive public assistance under (*check form of public assistance received*):
- |   |   |
|---|---|
| <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC) | <input type="checkbox"/> Medicaid (MassHealth)              |
| <input type="checkbox"/> Emergency Aid to Elderly, Disabled or Children (EAEDC)       | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Massachusetts Veterans Benefits Programs; <b>or</b>          |   |
- (B) My income, less taxes deducted from my pay, is \$ \_\_\_\_\_ per  week  biweekly  month  year  
(*check the period that applies*) for a household of \_\_\_\_\_ persons, consisting of myself and \_\_\_\_\_ dependents;  
which income is at or below the court system's poverty level; (*Note: The court system's poverty levels for households of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk or check online at:  
<http://www.mass.gov/courts/sjc/docs/povertyguidelines.pdf>. The court system's poverty level is updated each year.*)  
  
(List any other available household income for the checked period on this line: \$ \_\_\_\_\_); **or**
- (C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.

IF YOU CHECKED (C), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.

**SECTION 2:** (Note: In completing this form, please be as specific as possible as to fees and costs known at the time of filing this request. A supplementary request may be filed at a later time, if necessary.)

I request that the following **NORMAL FEES AND COSTS** be waived (not charged) by the court, or paid by the state, or that the court order that a document, service or object be substituted at no cost (or a lower cost, paid for by the state): (Check all that apply and, in any "\$ \_\_\_\_" blank, indicate your best guess as to the cost, **if known**.)

- Filing fee and any surcharge. \$ \_\_\_\_\_
- Filing fee and any surcharge for appeal. \$ \_\_\_\_\_
- Fees or costs for serving court summons, witness subpoenas or other court papers. \$ \_\_\_\_\_
- Other fees or costs of \$ \_\_\_\_\_ for (specify): \_\_\_\_\_
- Substitution (specify): \_\_\_\_\_

**SECTION 3:** I request that the following **EXTRA FEES AND COSTS** either be waived (not charged), substituted or paid for by the state:

- Cost, \$ \_\_\_\_\_, of expert services for testing, examination, testimony or other assistance (specify): \_\_\_\_\_
- Cost, \$ \_\_\_\_\_, of taking and/or transcribing a deposition of (specify name of person): \_\_\_\_\_
- Cassette copies of tape recording of trial or other proceeding, needed to prepare appeal for applicant **not** represented by Committee for Public Counsel Services (CPCS-public defender).
- Appeal bond
- Cost, \$ \_\_\_\_\_, of preparing written transcript of trial or other proceeding
- Other fees and costs, \$ \_\_\_\_\_, for (specify): \_\_\_\_\_
- Substitution (specify) \_\_\_\_\_

Date signed	Signed under the penalties of perjury
	x _____

**By order of the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized in writing by the applicant.**

This form prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, § 27B. Promulgated March , 2003.  
Fillable PDF created August 2013.

# SUPPLEMENT TO AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER, SUBSTITUTION  
OR STATE PAYMENT OF FEES & COSTS

*(Note: If you checked (C) on the AFFIDAVIT OF INDIGENCY, you must complete this form.)*

\_\_\_\_\_ Court

\_\_\_\_\_ Case Name and Number (if known)

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

(Street and number)

(City or town)

(State and Zip)

Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear or affirm as follows:

## 1. PERSONAL INFORMATION

(a) Date of Birth: \_\_\_\_\_

(b) Highest Grade in School: \_\_\_\_\_

(c) Special Training: \_\_\_\_\_

(d) List any physical or mental disabilities which you wish to reveal and which affect your earning capacity or living expenses:  
\_\_\_\_\_  
\_\_\_\_\_

(e) Number of Dependents: \_\_\_\_\_

## 2. INCOME AFTER TAXES (monthly)

(a) If from employment, list your occupation and employer's name and address:  
\_\_\_\_\_  
\_\_\_\_\_

(b) Sources of income, if not from employment:  
\_\_\_\_\_  
\_\_\_\_\_

(c) My gross annual income for the past twelve months was: \$ \_\_\_\_\_

(d) Gross Income (monthly): \$ \_\_\_\_\_

(e) Taxes Deducted (monthly):

Federal Tax \$ \_\_\_\_\_

State Tax \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Medicare \$ \_\_\_\_\_

Other Taxes (*specify*) \_\_\_\_\_ \$ \_\_\_\_\_

Total Taxes Deducted \$ \_\_\_\_\_

(f) Total Income After Taxes (*subtract 2(e) from 2(d)*): \$ \_\_\_\_\_

(g) If any other member of your household is employed, list occupation and name and address of his/her employer and monthly income after taxes:

---

**3. NET INCOME (monthly)**

(a) Income After Taxes (*from line 2(f)*): \$ \_\_\_\_\_

(b) Expenses (monthly):

Rent or Mortgage \$ \_\_\_\_\_ Uninsured Medical Expenses \$ \_\_\_\_\_

Food \$ \_\_\_\_\_ Child Care \$ \_\_\_\_\_

Electricity \$ \_\_\_\_\_ Education Expenses for Children \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

Oil \$ \_\_\_\_\_ Clothing \$ \_\_\_\_\_

Water \$ \_\_\_\_\_ Laundry/Cleaning \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_ Car Insurance \$ \_\_\_\_\_

Health Insurance \$ \_\_\_\_\_ Transportation Expenses \$ \_\_\_\_\_

Other (*specify*): \_\_\_\_\_ \$ \_\_\_\_\_

---

Total Expenses \$ \_\_\_\_\_

(c) Income After Taxes Minus Expenses (monthly) (*subtract 3(b) from 3(a)*): \$ \_\_\_\_\_

**4. ASSETS**

(a) Own Home? Yes  No  Market Value \$ \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

(b) Own Car? Yes  No  Year & Make \_\_\_\_\_  
Market Value \$ \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

(c) Bank Accounts (specify type and balance)

\_\_\_\_\_

(d) Other Property including Real Estate (specify type and value)

\_\_\_\_\_

**5. DEBTS**

(a) Specify:

\_\_\_\_\_

**6. MISCELLANEOUS**

(a) Other facts which may be relevant to your ability to pay fees and costs?

\_\_\_\_\_

Signed under the penalties of perjury: Signature:  \_\_\_\_\_

Type/Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**By order of the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized in writing by the applicant.**

This form prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, § 27B. Promulgated March , 2003.  
Fillable PDF created August 2013.



[End of Form]

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## Publication Requirement for Name Change Petition

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## Publication Requirement for Name Change Petition

- About This Form:
  - The Commonwealth of Massachusetts requires that, absent good cause, any individual who changes their name must publish notice of that name change in a local newspaper.
  - For various reasons, individuals sometimes do not want to publish their name change, and you can file a motion to waive publication at the same time that you file your name change petition.
  - The vast majority of our transgender clients have been successful in having this requirement waived.
    - Note that if you have a criminal record, most courts will be unlikely to grant a waiver of publication.
    - Courts also tend to scrutinize these motions more carefully if you are trying to change your last name as well.
  - The following is a blank **Motion** that provides a form you can file along with your application to change your name in order to waive the publication requirement. If you file a Motion, you must also file an **Affidavit** with your Motion.
    - In the Motion, you can explain to the court reasons you do not want to publish your name change.
      - If you have significant debt, you should note that and declare that you will notify all lenders or creditors of your name change in the Motion.
    - The Affidavit is a sworn statement to the court, so **it must be truthful and accurate**.
      - By requiring the Affidavit, the court is trying to make sure that the individual is not changing their name in order to defraud others or evade criminal records.
      - The Affidavit typically includes statements such as “I believe there is good cause to waive the publication requirement,” and “I do not have a criminal record and I have no debt.”
      - If you have significant debt or a criminal record, you should state this in the Affidavit and also state how you intend to notify affected parties (such as creditors) of your name change.
        - If these circumstances apply to you, consider waiting to be paired with an attorney.
      - You may also include other reasons why you wish to waive the publication requirement, similar to what you said in the Motion.
      - The end of the Affidavit must have your signature and the date.
  - If the Motion is granted, you do not need to publish your name change anywhere.
  - Some counties require a hearing before they will grant a motion to waive publication.
    - The vast majority of these hearings are straightforward and not complicated.

Division \_\_\_\_\_

Docket No. \_\_\_\_\_

**MOTION FOR**

\_\_\_\_\_  
Plaintiff/Petitioner

V.

\_\_\_\_\_  
Defendant/Respondent

Now comes \_\_\_\_\_,  Plaintiff  Defendant  Petitioner  Respondent ,  
(name of moving party)

in this action who requests:

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

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of attorney or plaintiff, if pro se)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City/Town) (State) (Zip)

Tel. No. \_\_\_\_\_

B.B.O. # \_\_\_\_\_

**NOTICE OF HEARING**

This motion will be heard at the Probate and Family Court

In \_\_\_\_\_  
(city)

on \_\_\_\_\_  
(month/day/year)

at \_\_\_\_\_  
(time of hearing)

The within motion is hereby  **ALLOWED**  **DENIED**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
JUSTICE OF PROBATE AND FAMILY COURT

**Commonwealth of Massachusetts**  
**The Trial Court**  
**Probate and Family Court Department**

Division \_\_\_\_\_

Docket No. \_\_\_\_\_

**MOTION FOR**

\_\_\_\_\_  
Dated: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I hereby certify that I have delivered a copy of this motion to:

\_\_\_\_\_  
(name of party or attorney of record)

\_\_\_\_\_  
(Street address) (City/Town) (State) (Zip)

By  delivery in hand \_\_\_\_\_ at \_\_\_\_\_  AM  PM  
(date of delivery) (time)

mailing (postage paid on) \_\_\_\_\_  
(date of mailing)

\_\_\_\_\_  
(signature)

[End of Section]

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# Social Security Card

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## Social Security Card

- About This Form:
  - The SS-5 Application for a Social Security Card 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 Name:
  - Name Change Order
- Required Documents to Change Gender Marker:
  - Any of the following:
    - A signed letter from a physician confirming you had the appropriate clinical treatment (see more about this on pg. 47); OR
    - A birth certificate showing the correct gender; OR
    - A court order recognizing the correct gender (note that the Name Change Order **does not** satisfy this requirement); OR
    - A U.S. Passport showing the correct gender.
- Submitting This Form:
  - We recommend submitting this form and required documents in person at your local Social Security office.
  - You may choose to mail in the documents to your local Social Security office. You can find your local office following this link: <https://secure.ssa.gov/ICON/main.jsp>.
  - Additional information can be found at: <https://transequality.org/know-your-rights/social-security>.



# **SOCIAL SECURITY ADMINISTRATION**

## **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

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**

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

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

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.

5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.

6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.

9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you MUST show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.

13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.

16. Show an address where you can receive your card 7 to 14 days from now.

17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

## **HOW TO SUBMIT THIS APPLICATION**

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to

<https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.



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## **PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD**

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

### **PRIVACY ACT STATEMENT**

#### **Collection and Use of Personal Information**

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

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

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

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

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

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

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

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> </tr> </table>												
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate)	City	State or Foreign Country	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)	<b>7</b>	<b>RACE</b> Select One or More (Your Response is Voluntary)											
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<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 9 B on Page 3)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> </tr> </table> <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)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> </tr> </table> <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>	<b>15</b>		<b>DAYTIME PHONE NUMBER</b>										
	MM/DD/YYYY			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 to my knowledge.													
	<b>YOUR SIGNATURE</b>	<b>18</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
EVIDENCE SUBMITTED					SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW				
					DATE				
					DCL    DATE				

[End of Form]

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Physician Letter for  
Social Security and/or Passport  
Gender Marker Change

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## Physician Letter for Social Security and/or Passport for Gender Marker Change

- About This Form:
  - This letter is one way in which you can change your gender marker on your Social Security record or passport.
  - The letter is simply a template that you can provide to your physician. Most physicians who serve the trans community will be familiar with this template.
  - Note that this letter **must** be signed by a medical doctor, not a physician's assistant or nurse practitioner.
  - The letter **must** be printed on letterhead from the physician's office, but we recommend that the physician does not change the core text of the letter unless they have an objection to any specific content.
  - The letter requires the physician to certify that an individual has had "appropriate clinical treatment" for a gender transition.
    - There is no standard "clinical treatment" that is required.
    - As long as a physician will sign the letter, the document will be accepted.



Letter Certifying Applicant's Gender Change

I, \_\_\_\_\_,  
(Physician's Full Name)

\_\_\_\_\_, \_\_\_\_\_,  
(Physician's medical license/certificate number) (Issuing State/Country of license/certificate)

am the physician of \_\_\_\_\_,  
(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.

\_\_\_\_\_, has had  
(Name of Patient)

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

\_\_\_\_\_  
\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Typed Name of Physician`

\_\_\_\_\_  
Date

[End of Section]

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# U.S. Passports

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## U.S. Passports

- About This Form:
  - Have a valid passport? Use the **DS-82** U.S. Passport Renewal Application for Eligible Individuals form (pg. 53) to **change your name**.
  - Don't have a passport OR **changing your name AND gender marker**? Use the **DS-11** Application for a U.S. Passport form (pg. 60).
  - Note: The DS-82 and DS-11 forms are expired, but they should still be used until new forms are provided by the U.S. Government.
    - You can check if new forms are now provided at:  
<https://travel.state.gov/content/travel/en/passports/how-apply/forms.html>
- Have a passport and only changing name – DS-82 Required Documents:
  - Completed DS-82.
  - You current, unexpired passport.
  - Name Change Order affirming your name change.
  - Applicable fee: Passport book with standard delivery is \$110.00.
  - A recent (not more than 6 months old) color photograph.
- Don't have a passport OR changing name **and** gender marker – DS-11 Required Documents:
  - Completed DS-11.
  - Proof of identity such as your State ID or driver's license (which has your name changed on it).
  - Birth Certificate (providing proof of citizenship).
  - A recent (not more than 6 months old) color photograph.
  - If changing your gender marker, you should also submit a physician's letter stating you have received appropriate clinical treatment.
    - There is no required standard for this. See the form letter on pg. 47.
  - Applicable Fee: Passport book with standard delivery is \$145.00.
- Submitting This Form:
  - The DS-82 and supporting documents can be mailed to the address listed on the form.
    - Supporting documents will be mailed back to you once processed.
    - Processing usually takes 3–4 months. If needed sooner, consider using expedited service (additional fee applies).
  - The DS-11 must be submitted in person at a local passport center. You can find your local center at this link: <https://iafdb.travel.state.gov/>.
- Additional information can be found at: <https://transequality.org/know-your-rights/passports>.



**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.  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

**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](http://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](http://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](http://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](http://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](http://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

OMB CONTROL NO. 1405-0020  
OMB EXPIRATION DATE: 09-30-2019  
ESTIMATED BURDEN: 40 MIN

Please Print Legibly Using Black Ink Only

Attention: Read WARNING on page 1 of instructions

Please select the document(s) for which you are applying:

U.S. Passport Book     U.S. Passport Card     Both

The U.S. passport card is **not** valid for international air travel. For more information see page 1 of instructions.

Regular Book (Standard)     Large Book (Non-Standard)

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

1. Name Last

\_\_\_\_\_

First

Middle

\_\_\_\_\_

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

\_\_\_\_/\_\_\_\_/\_\_\_\_

3. Sex

M     F

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

\_\_\_\_\_

5. Social Security Number

\_\_\_\_-\_\_\_\_-\_\_\_\_

6. Email (Info alerts offered at [travel.state.gov](http://travel.state.gov))

\_\_\_\_\_@\_\_\_\_\_

7. Primary Contact Phone Number

\_\_\_\_-\_\_\_\_-\_\_\_\_

D     O     DP    DOTS Code \_\_\_\_\_

End. # \_\_\_\_\_ Exp. \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

City

State

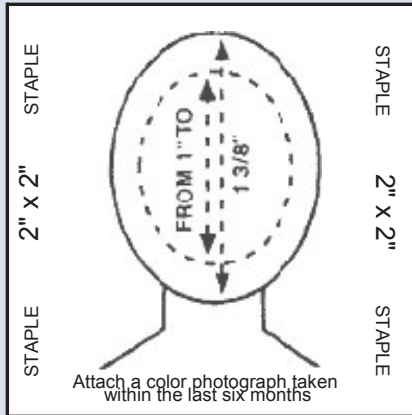
Zip Code

Country, if outside the United States

\_\_\_\_\_

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

A. \_\_\_\_\_  
B. \_\_\_\_\_



Attach a color photograph taken within the last six months

10. Passport Book and/or Passport Card Information

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

\_\_\_\_\_

Most recent passport book number

\_\_\_\_\_

Issue date (mm/dd/yyyy)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Most recent passport card number

\_\_\_\_\_

Issue date (mm/dd/yyyy)

\_\_\_\_/\_\_\_\_/\_\_\_\_

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

Changed by Marriage

Place of Name Change (City/State)

Date (mm/dd/yyyy)

Changed by Court Order

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

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

CONTINUE TO PAGE 2

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

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

x \_\_\_\_\_  
Applicant's Legal Signature

\_\_\_\_\_  
Date

FOR ISSUING OFFICE ONLY

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

Marriage Certificate    Date of Marriage/Place Issued:

Court Order    Date Filed/Court:

From \_\_\_\_\_

To: \_\_\_\_\_

Other:

Attached:

\_\_\_\_\_

For Issuing Office Only → Bk Fee \_\_\_\_\_ Cd Fee \_\_\_\_\_ EF \_\_\_\_\_ ostage \_\_\_\_\_ Other \_\_\_\_\_



\* DS 82 C 08 2013 1 \*

Name of Applicant (Last, First & Middle) Date of Birth (mm/dd/yyyy)

12. Height    13. Hair Color    14. Eye Color    15. Occupation    16. Employer or School (if applicable)

17. Additional Contact Phone Numbers

Home  Cell  Work   Home  Cell  Work

18. 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

19. 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

20. Travel Plans

Departure Date (mm/dd/yyyy)    Return Date (mm/dd/yyyy)    Countries to be visited

**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 \*

[End of Form]



# 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 ½ inch by 11 inch paper, black and white ink, legible, and clear. Evidence that is not damaged, altered, or forged will be returned to you. **Note:** Lawful permanent resident cards submitted with this application will be forwarded to U.S. Citizenship and Immigration Services, if we determine that you are a U.S. citizen.
- 2. PROOF OF IDENTITY:** You must present your original identification **AND submit a photocopy** of the front and back with your passport application.
- 3. RECENT COLOR PHOTOGRAPH:** Photograph must meet passport requirements – full front view of the face and 2x2 inches in size.
- 4. FEES:** Please visit our website at [travel.state.gov](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](http://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](http://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](http://travel.state.gov) for details and information.

## FEES

*FEES ARE LISTED ON OUR WEBSITE AT [TRAVEL.STATE.GOV](http://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](http://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  
 OMB EXPIRATION DATE: 08-31-2019  
 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**

--	--

D   
  O   
  Dep DOTS \_\_\_\_\_  
 End. # \_\_\_\_\_ Exp. \_\_\_\_\_

First	Middle
-------	--------

**2. Date of Birth** (mm/dd/yyyy)   
**3. Sex**   
**4. Place of Birth** (City & State if in the U.S., or City & Country as it is presently known.)

	M    F	
--	--------	--

**5. Social Security Number**   
**6. Email** (Info alerts offered at [travel.state.gov](http://travel.state.gov))   
**7. Primary Contact Phone Number**

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

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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*)

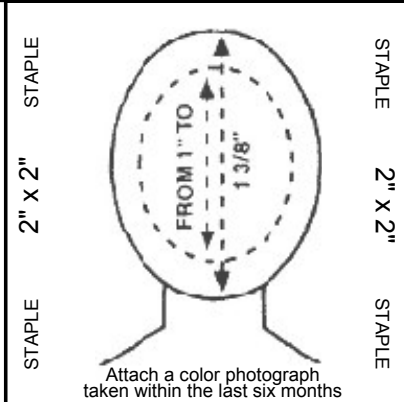
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**City**    **State**    **Zip Code**    **Country**, if outside the United States

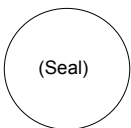
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**9. List all other names you have used.** (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A.	B.
----	----



- Acceptance Agent   
  (Vice) Consul USA  
 Passport Staff Agent



## 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.

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 \_\_\_\_\_



Name of Applicant (Last, First, & Middle) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

**10. Parental Information**  
Mother/Father/Parent - First & Middle Name \_\_\_\_\_ Last Name (at Parent's Birth) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex  Male  Female U.S. Citizen?  Yes  No

Mother/Father/Parent - First & Middle Name \_\_\_\_\_ Last Name (at Parent's Birth) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex  Male  Female U.S. Citizen?  Yes  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  No Date of Marriage (mm/dd/yyyy) \_\_\_\_\_ Have you ever been widowed or divorced?  Yes  No Widow/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)

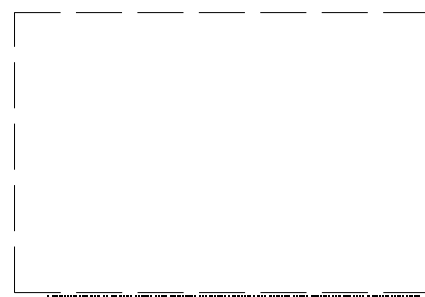
Name as printed on your most recent passport card \_\_\_\_\_ Most recent passport card number \_\_\_\_\_ Most recent passport card issue date (mm/dd/yyyy) \_\_\_\_\_

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 \*

[End of Section]

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Massachusetts Driver's  
License Name and Gender  
Marker Change

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## Massachusetts Driver's License Name and Gender Marker Change

- Name Change Only:
  - You should generally update your Social Security record **before** you change the name on your driver's license.
  - To change your name on an existing MA driver's license (for a "Real ID"), bring a copy of your Name Change Order affirming your name change to a MA RMV.
    - The RMV will take a new photo of you and mail you a new ID card.
- Gender Marker Change:
  - To change your gender marker, you must fill out a new License and ID Card Application (pg. 69) and check "Change of Information" in Section (A)4.
    - This form can also be filled out online at: <https://atlas-myrmv.massdot.state.ma.us/myrmv/#12>, select "Apply for a Real ID."
  - MA allows you to indicate M, F, or X for a gender marker.
    - If changing your gender marker to X, consider waiting to speak to an attorney.
  - The form must be submitted in person to a MA RMV, even if you fill out the form online.
- Note:
  - If possible, we recommend you obtain a Real ID, not a State ID Card.
  - State ID cards are no longer allowed by the federal government for transportation. When traveling, you must use a Real ID or Passport for the TSA.

## A. Service Type

1. Type:  REAL ID  Standard ID

2. Document to Issue:  Learner's Permit  Driver's License  Massachusetts ID Card

3. Class of Learner's Permit/License (if applicable):  Passenger (Class D)  Motorcycle (Class M)  Both (Class D/M)

4. Service Type:  New  Renewal  Replacement  Out-of-State Conversion  Reinstatement  CDL Downgrade  
 Change of Information (Enter new information in applicable fields):  Name  Address  DOB  Gender  Height  Eye Color

## B. Applicant Information

Last Name (If you're getting a REAL ID, provide your full legal name)	First Name	Middle Name	Suffix
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Current Massachusetts Learner's Permit or Driver's License # (if applicable)	Date of Birth (MM/DD/YYYY)
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What is your Social Security Number?	If you do not have a Social Security Number, you will need an SSA Denial notice & Foreign Passport. Foreign Passport #
--------------------------------------	---

Residential Address (Where you actually reside)

Street	Apt. #	City	State	Zip Code
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Mailing Address  (same as above)

Street	Apt. #	City	State	Zip Code
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Email	Phone Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone #
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### Emergency Contact Information: (optional)

Email	Name	Phone Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone #
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## C. Out of State Conversion (Skip if not converting from out of state)

Driver's License, Learner's Permit or ID Card #	Document Type <input type="checkbox"/> Learner's Permit <input type="checkbox"/> Driver's License <input type="checkbox"/> ID Card	Restriction(s) (if applicable)
---	---	--------------------------------

Country	State	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)
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## D. Required Demographic Information

Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Eye Color <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Pink <input type="checkbox"/> Blue <input type="checkbox"/> Dichromatic <input type="checkbox"/> Green <input type="checkbox"/> Maroon <input type="checkbox"/> Unknown	Height (feet, inches)
--	--	-----------------------

Register me (or keep me registered) as an Organ and Tissue Donor:  Yes  No For more information on organ and tissue donation, visit: [NEDS.org](https://www.mass.gov/neds).

Would you like to donate \$2 to the Organ and Tissue Donor Registration Fund? (to be answered for renewal and replacement transactions only)  Yes  No

### Military Status (documentation is required if checked – visit [mass.gov/rmv](https://mass.gov/rmv) for acceptable documents)

<input type="checkbox"/> Are you an active duty member?	What military branch?	<input type="checkbox"/> If you are a veteran of the U.S. Armed Forces, do you want the word "VETERAN" printed on your ID?
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## E. CDL Downgrade (if applicable)

CDL Downgrade: I understand that my CDL will be downgraded to a Class D, M, or D/M license and I authorize the RMV to process this transaction.

Applicant Signature: \_\_\_\_\_



## F. Voter Registration

To vote in Massachusetts you must be: A U.S. CITIZEN, a resident of Massachusetts and at least 18 years old on or before the next election in your city or town, which could be a town meeting, city or town preliminary, city or town election, state primary, state election, special state primary, special state election, or special city or town election.

1. Do you want to register to vote?.....  Yes  No
  - Check "Yes" if you want to register to vote, or you are changing your name or address and want to be registered to vote with this new information.
  - If you answered "Yes," complete question #2 and read the Affirmation Section below.
  - Check "No" if you are currently registered to vote and do not want to change your voter registration.
2. Are you a citizen of the United States of America?.....  Yes  No  
NOTE: If you answered "no" to this question, do not complete question #3. You are not eligible to register to vote at this time.
3. Please indicate party enrollment or political designation (check one).  Democratic  Republican  Libertarian  Green-Rainbow  
 No Party (unenrolled)  Political Designation (not a political party) (Print desired designation): \_\_\_\_\_  
PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT

### AFFIRMATION TO BE READ BY APPLICANTS REGISTERING TO VOTE

I hereby swear (affirm) that I am the person named above, that the above information is true, that I AM A CITIZEN OF THE UNITED STATES, that I am at least 16 years old and I understand that I must be 18 years old to be eligible to vote, that I am not a person under a guardianship which prohibits my registering to vote, that I am not temporarily or permanently disqualified by law from voting because of corrupt practices in respect to elections, that I am not currently incarcerated for a felony conviction, and that I consider this residence to be my home. Signed under the penalty of perjury.

**Confidentiality of voter registration information:** If you register to vote, the office at which you submit your application will remain confidential and will be used only for voter registration purposes. If you decline to register to vote, the fact that you declined to register will remain confidential and will be used only for voter registration purposes.

**Penalty for illegal voter registration:** Fine of not more than \$10,000 or imprisonment for not more than five years or both (M.G.L., Chap. 56, Section 8).

## G. Mandatory Questions

1. In the past 10 years, have you held any class of license, in any other state, country or jurisdiction?.....  Yes  No  
If yes, where? (Country/State) \_\_\_\_\_ What credential class? \_\_\_\_\_ What credential #? \_\_\_\_\_  
List any current license/permit also: \_\_\_\_\_  
*You may use additional paper if necessary.*
2. Do you have a cognitive, neurologic, physical or any other impairment that may affect.....  Yes  No  
your functional ability to operate a motor vehicle safely?
3. Are you currently taking any medication that may affect your ability to safely operate a motor vehicle? .....  Yes  No
4. Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or.....  Yes  No  
in another state, country or jurisdiction?

## H. Parent/Guardian Consent for Applicants under the age of 18

(Information & Certification of Person Providing Consent)

If the person giving consent IS NOT a parent, proper documentation of authority must be shown.

I hereby certify I am: (check one)  parent  legal guardian  Department of Children and Families  boarding school headmaster of the above-named applicant who is less than 18 years of age, but not less than 16 years of age, if applying for a Learner's Permit or Driver's License OR who is less than 18 years of age, but not less than 14 years of age, if applying for an ID card, and that my consent is given as required by M.G.L. Chap. 90, Section 8 for the issuance of a Driver's License; or as required by M.G.L. Chap. 90, Section 8B for a Learner's Permit; or by M.G.L. Chap. 90, Section 8E for an Identification Card (ID). **False certification is punishable by fine, imprisonment, or both (M.G.L. Chap. 90, Section 24B).**

Parent/Guardian's Address: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

## I. Certification and Signature of Applicant (application not complete without signature)

I have reviewed this completed **Application Form**, including the **Voter Registration Section**, and hereby apply for a Learner's Permit/Driver's License or an ID card and swear (affirm), under the penalties of perjury, that the information I have provided is true and correct.

**I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24B.**

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

The Registrar reserves the right to cancel, revoke, or recall, any learner's permit, driver's license, or ID card if it is determined that the applicant was not qualified for such learner's permit, driver's license, or ID card.

### RMV Use Only

Date: \_\_\_\_\_ Clerk Initials: \_\_\_\_\_



9011-WALK-IN

[End of Section]

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Massachusetts Birth  
Certificate Name and Gender  
Marker Change

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## Massachusetts Birth Certificate Name and Gender Marker Change

- About This Form:
  - If you were born in Massachusetts, you may change both the name and gender marker on your birth certificate. At this time, however, MA only allows M or F gender markers on birth certificates. In addition, MA only allows you to change your birth certificate once.
    - Making further changes to a birth record at a later time will require a court order. If this concerns you, you may want to wait to speak to an attorney before making any changes.
  - Please note that you should obtain a court order for your name change **before** changing any information on your birth certificate as MA only allows you to amend any portion of your Birth Certificate once.
- Required Documents:
  - Completed Applicant Affidavit in Support of Amendment of a Birth Certificate Following Medical Intervention for the Purpose of Sex Reassignment (pg. 74).
    - If a minor (17 or younger), a parent or guardian must complete the form.
      - Parent should fill out the affidavit using the minor’s legal name (this is the name reflected on the Name Change Order, not the name on the birth certificate).
      - Parent then signs on the minor’s behalf in the signature line and writes “Mother of Applicant” or “Father of Applicant” (as applicable) next to the signature.
      - Both parents should sign if possible.
  - If **changing gender marker** on birth certificate, you must also submit:
    - A completed notarized Physician's Statement in Support of Amendment of a Birth Certificate Following Medical Intervention for the Purpose of Sex Reassignment (pg. 75).
    - Where the form asks for sex identification, the physician must mark the gender to be changed to, not the gender currently on the birth certificate.
  - If **changing name** on birth certificate, you must also have:
    - Name Change Order affirming name change.
- How to Submit This Form:
  - We recommend that all documents are brought in person to the Registry of Vital Records and Statistics. If the documents are in order, you will walk out of the Registry that day with an updated birth certificate.
    - An appointment can be made by calling (617) 740-2600 or emailing [vital.regulation@state.ma.us](mailto:vital.regulation@state.ma.us).
  - You may also mail in all required documents at the address listed on the form. This usually takes about 2 weeks, but it could take longer.
- Fees:
  - Currently, the fee to amend the birth certificate is \$50.
  - There is a fee of \$32 to obtain a certified amended record by mail, or \$20 to obtain the amended record if done in person.



## Applicant Affidavit in Support of Amendment of a Birth Certificate Following Medical Intervention for the Purpose of Sex Reassignment

Registry of Vital Records and Statistics  
Massachusetts Department of Public Health



<b>Information on existing birth certificate</b>	Name: <i>First</i> <span style="margin-left: 100px;"><i>Middle</i></span> <span style="margin-left: 100px;"><i>Last</i></span>									
	Sex: <input type="radio"/> Male <span style="margin-left: 100px;"><input type="radio"/> Female</span>	Date of Birth:								
	City/Town of Birth:									
	Mother/Parent Name:									
	Father/Parent Name:									
<b>Name and Sex to appear on amended birth certificate</b>	Name: <i>First</i> <span style="margin-left: 100px;"><i>Middle</i></span> <span style="margin-left: 100px;"><i>Last</i></span>									
	Sex: <input type="radio"/> Male <span style="margin-left: 100px;"><input type="radio"/> Female</span>									
<b>Applicant's contact information</b>	Mailing Address:									
	Telephone (optional):	Email (optional):								
<b>Applicant affidavit</b>	<p>I have completed medical intervention for the purpose of permanent sex reassignment and am not of the sex recorded at the time of my birth. I hereby request a permanent amendment of my birth certificate registered in Massachusetts to reflect my accurate name and sex, as listed above.</p> <p>In addition to this Affidavit, I am also submitting:</p> <p><input type="checkbox"/> A notarized "Physician's Statement in Support of Amendment of a Birth Certificate Following Medical Intervention for the Purpose of Sex Reassignment;"</p> <p><input type="checkbox"/> A court-certified copy of my legal name change decree (if applicable); and</p> <p><input type="checkbox"/> A check or money order, payable to the Commonwealth of Massachusetts, as follows:</p> <table style="margin-left: 40px; width: 80%;"> <tr> <td>\$50.00 amendment fee, plus <i>either</i>:</td> <td style="text-align: right;">\$50.00</td> </tr> <tr> <td style="padding-left: 40px;">By mail: \$32.00 per certified copy for _____ copies</td> <td style="text-align: right;">+ \$ 0.00</td> </tr> <tr> <td style="padding-left: 40px;">Or, in-person: \$20.00 per certified copy for _____ copies</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td style="padding-left: 40px;">Total Enclosed</td> <td style="text-align: right;">= \$ 50</td> </tr> </table> <p>I declare under the pains and penalties of perjury that the information above is true and accurate and that by signing this document I am authorizing a permanent change to my birth certificate.</p> <p>X</p>		\$50.00 amendment fee, plus <i>either</i> :	\$50.00	By mail: \$32.00 per certified copy for _____ copies	+ \$ 0.00	Or, in-person: \$20.00 per certified copy for _____ copies	\$ 0.00	Total Enclosed	= \$ 50
\$50.00 amendment fee, plus <i>either</i> :	\$50.00									
By mail: \$32.00 per certified copy for _____ copies	+ \$ 0.00									
Or, in-person: \$20.00 per certified copy for _____ copies	\$ 0.00									
Total Enclosed	= \$ 50									
	Signature of Applicant	Date								
<b>For more information or to apply</b>	<p>An application for amendment may be submitted by mail or by making an appointment at the Registry of Vital Records and Statistics. By mail, please include all required documents and fees and send your request to:</p> <p style="margin-left: 40px;">Registry of Vital Records and Statistics Attn: Amendments 150 Mt. Vernon Street, 1<sup>st</sup> Floor Dorchester, MA 02125</p> <p>For more information or to make an appointment, telephone: (617) 740-2600 or email: <a href="mailto:Vital.Regulation@state.ma.us">Vital.Regulation@state.ma.us</a>.</p> <p>Amendments also may be made at the Clerk's Office in the city or town of birth. Fees for amendments and certified copies vary by community.</p>									



**Physician's Statement in Support of Amendment of a Birth Certificate  
Following Medical Intervention for the Purpose of Sex Reassignment**



Registry of Vital Records and Statistics  
Massachusetts Department of Public Health

<b>Purpose of this Form</b>	<p>An individual born in Massachusetts may request an amendment to the sex on their Massachusetts birth certificate following completion of medical intervention appropriate for that individual for the purpose of permanent sex reassignment, as outlined by Massachusetts General Law Chapter 46, §13(e). This form serves as the physician's notarized statement to accompany an individual's application to amend the sex on their birth certificate.</p> <p>Chapter 46, §13(e), M.G.L., states:</p> <p>If a person has completed medical intervention for the purpose of permanent sex reassignment, the birth record of that person shall be amended to permanently and accurately reflect the reassigned sex if the following documents have been received by the state registrar or town clerk:</p> <p>(i) an affidavit executed by the person to whom the record relates or by the parent or guardian if such person is a minor indicating the individual's sex; and</p> <p>(ii) a physician's notarized statement that the person has completed medical intervention, appropriate for that individual, for the purpose of permanent sex reassignment and is not of the sex recorded on the record.</p> <p>The affiant shall furnish a certified copy of the legal change of name if the affiant is seeking a birth record with the legal change of name instead of the name as appearing on the birth record prior to the amendment.</p>		
<b>Patient Information to Appear on Birth Certificate</b>	<p>Name: _____</p> <p>Sex: _____ Date of Birth: _____</p>		
<b>Physician information</b>	<p>Name: _____ Title: _____</p> <p>License # and State: _____ Telephone (optional): _____ Email (optional): _____</p> <p>Name and Address of Practice or Clinic: _____</p>		
<b>Affidavit</b>	<p>I am a licensed physician in good standing in the State or jurisdiction listed above. I am a physician of the patient listed above, with whom I have a doctor-patient relationship and whose medical history I have reviewed and evaluated. I make this affidavit in support of my patient's request for a permanent amendment of the birth certificate registered with the Massachusetts Registry of Vital Records and Statistics pursuant to M.G.L. c.46 §13(e). I hereby certify that my patient, listed above, has completed medical intervention, appropriate for the patient, for the purpose of permanent sex reassignment. In my medical opinion the patient is not of the sex recorded at birth and the sex on their amended birth certificate should be listed as:</p> <p><input type="radio"/> Male <input type="radio"/> Female.</p> <p>I declare under the pains and penalties of perjury that the information above is true and accurate.</p> <p>X</p> <p>Signature of Physician _____ Date _____</p>		
<b>Notarization</b>	<p>On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, who proved to me through satisfactory evidence of identification, which was or were _____, to be the person who signed the preceding document in my presence, and who swore or affirmed to me that the contents of this document are truthful and accurate to the best of (his) (her) knowledge and belief.</p> <p align="center">Notary Signature _____</p>		

**For More  
information**

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