

Transgender ID Project

Name and Gender Marker Change: Massachusetts Quick Reference Guide



Massachusetts
Transgender
Political
Coalition



ABOUT THE TRANSGENDER ID PROJECT

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

ABOUT THIS GUIDE

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

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

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

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

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

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

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

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

Important note: There is a “common law” name change in Massachusetts. That means that you can use a new name so long as you are not using it for an “improper purpose,” like to commit a crime. For example, students can ask public schools to change their name in their records with a written request and do not need a legal decree of name change from a court.

A Note About Non-Binary Gender Marker Changes:

You may choose to have a non-binary gender marker on identifying documents. For example, in November 2019, Massachusetts RMV began permitting residents to select “X” as a gender marker on driver's licenses and state IDs. **If you are interested in using a non-binary gender marker, we recommend that you speak to an attorney before making this change.** Not all identity documents, including federal documents like social security records and U.S. Passports, currently let you use a non-binary gender marker. Therefore, there may be challenges if you have only state documents showing non-binary gender markers. An attorney will be able to help you understand the potential implications and how to manage them.

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

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GLOSSARY

Affidavit

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

Certified Long-Form Birth Certificate

A certified copy of your birth certificate will have the official state registrar’s raised, embossed, impressed, or multicolored seal and the registrar’s signature. Long-form means the birth certificate includes all of the information included in your certificate at birth, including parent(s) names, date filed, etc. You can order a certified copy of your long-form birth certificate through the Registry of Vital Records at <https://www.mass.gov/ordering-a-birth-marriage-or-death-certificate>.

Indigency

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

Non-Binary Gender Marker

A non-binary gender marker is an alternative to listing “M” (male) or “F” (female) as your sex on an ID document. This gender marker is often represented by “X.” Learn more at <https://transequality.org/issues/resources/faq-gender-neutral-ids>.

Notarize

Having a document notarized means it is signed by you in the presence of a notary public who verifies that you are the person signing the document. A notary public is someone who is certified to witness the signing of important documents and make sure they are signed willingly. Find a notary public in your community: <https://www.nationalnotary.org/resources-for/public/find-a-notary>.

Notice or Publication Requirement

To change your name in Massachusetts, you are required to take out an ad in a local newspaper to notify the public and creditors about the change. The court will tell you what information the notice needs to include and how to submit proof once the ad has run.

Often, this requirement can be waived (see “waive” below), and you won’t need to publicly share this information in a newspaper. In order for it to be waived, you will need to make a formal request asking the court to make an exception to the publishing requirement (see pg. 23). You may have to go before a judge to present your reasons. If you have more questions about the motion to waive publication, please reach out to GLAD Answers at www.gladanswers.org.

(GLOSSARY CONTINUED)

Waive

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

PETITION FOR NAME CHANGE MATERIALS: ADULTS (18 AND OLDER)

Required Documents:

- ▢ Completed and notarized CJP-27 Petition to Change Name of Adult form (pg.10)

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 is the name I use.”

- ▢ A certified copy of your long-form birth certificate (not a plain copy or “abstract”)
- ▢ A certified copy of any prior name change (if you have one).
- ▢ Completed CJP-34 Court Activity Record Information (CARI) and Warrant Management System (WMS) authorization form (if applicable). See pg. 18.
- ▢ 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 (explanation of the publication requirement on pg. 6)
- ▢ Affidavit of Indigency

If you are unable to pay the required court fees, you may qualify for a waiver. You can file an Affidavit of Indigency (see pg. 20).

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. A full list of probate and family courts in Massachusetts is available at https://www.mass.gov/orgs/probate-and-family-court/locations?_page=1.
- ▢ Once at the courthouse, bring the documents to the clerk of the court and they will file the documents for you. You also need to bring the court filing fee or else submit an Affidavit of Indigency.
- ▢ The clerk should assign you a “docket number.” Make sure to get a receipt or write down your assigned docket number and judge assignment.

- ▮ If the clerk cannot provide a docket number immediately, follow up with the court in a few days to get one.
- ▮ Ask the clerk about the current wait times in your county and how to best follow up with the court. In most counties it can take between three weeks and three months for the petition to be processed. It is expected that you will need to follow up with the court clerk to check on the progress of your name change.

Important note: After completing the name change process, you will receive an official Name Change Order. You should order multiple certified copies (at least two) of the Name Change Order because you will need to provide a certified copy in connection with changes to your Massachusetts Birth Certificate. The fee for each copy is \$20.

Fees:

- The current filing fee for a name change petition is \$150, plus a \$15 surcharge.
- The fee for a Notice of Publication is \$15.
- The most up-to-date information about Massachusetts name change requirements is available at <https://www.mass.gov/name-changes>.

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: _____

PETITION FOR NAME CHANGE MATERIALS: MINORS (17 AND YOUNGER)

Required Documents:

- ☐ Completed and notarized CJP-25 Petition to Change Name of Minor form (pg. 14)
 - This form asks for a “reason for name change” in Section 13. You do not need to disclose personal details here – you can simply write, “common usage” or “it’s the name I use.”
 - This form should be signed by both parents/guardians. If only one parent signs, then the other will need to be notified and will have an opportunity to object.
- ☐ Completed OCAJ-1 Affidavit Disclosing Care and Custody form.
 - This is required for all minors, regardless of custody situation. The first page of the form provides answers to many common questions.
 - Find the form at <https://www.mass.gov/doc/affidavit-disclosing-care-or-custody-proceeding-ocaj-1-trc-iv/download>.
- ☐ A certified long-form copy of your birth certificate (not a copy or “abstract”). See pg. 6 for an explanation of the certified long-form birth certificate.
- ☐ Completed CJP-34 Court Activity Record Information (CARI) and Warrant Management System (WMS) Authorization form (pg. 18)
 - 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
- ☐ Affidavit of Indigency
 - If you are unable to pay the required court fees, you may qualify for a waiver. You can file an Affidavit of Indigency. (see pg. 20)

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. A full list of probate and family courts in Massachusetts is available at https://www.mass.gov/orgs/probate-and-family-court/locations?_page=1.
- ▮ 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 and judge assignment.
- ▮ If the clerk cannot provide a docket number immediately, follow up with the court in a few days to receive one.
- ▮ Ask the clerk about the current wait times in your county and how to best follow up with the court. In most counties it can take between three weeks and three months for the petition to be processed. It is expected that you will need to follow up with the court clerk to check on the progress of your name change.

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 two) 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.
- The Notice of Publication fee is \$15.
- See pg. 23 for information about the publication requirement.
- See pg. 20 for information on an Affidavit of Indigency.
- The most up-to-date information about Massachusetts name change requirements is available at <https://www.mass.gov/name-changes>.

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

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.

- Check here if current address is a facility under the supervision of the Massachusetts Department of Correction or the Massachusetts Department of Youth Services.
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:

Mother/Parent 1 _____ <small style="margin-left: 40px;">Name</small> _____ <small style="margin-left: 40px;">(Address) (Apt, Unit, No. etc.)</small> _____ <small style="margin-left: 40px;">(City/Town) (State) (Zip)</small>	Father/Parent 2 _____ <small style="margin-left: 40px;">Name</small> _____ <small style="margin-left: 40px;">(Address) (Apt, Unit, No. etc.)</small> _____ <small style="margin-left: 40px;">(City/Town) (State) (Zip)</small>
Primary Phone #: _____ Email Address: _____	Primary Phone #: _____ Email Address: _____

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 _____

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. # _____

E-mail: _____

CARI AND WMS AUTHORIZATION FORM FOR NAME CHANGE PETITION

This form authorizes a review of your criminal record. A court is supposed to change your name unless it is “inconsistent with the public interests.” A criminal record check is used by the court to assess whether you are changing their name for an improper purpose. If you have a criminal record, it is a good idea to seek the assistance of an attorney from the ID Project at www.glad.org/id.

About This Form (CJP-34):

- This form must be completed and attached to any change of name request filed with the court.
- Some counties do not require you to fill out this form if you are a minor under 12 years old.

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

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: _____ | _____ 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)

AFFIDAVIT OF INDIGENCY FOR NAME CHANGE PETITION

About This Form:

- You can 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, all court fees will be waived. Note this only applies to fees from the probate and family 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 how much they cost.
 - The current filing fee is \$150, plus a \$15 surcharge.
 - The fee for a Notice of Publication is \$15.

Before Submitting the Form:

- ▢ If you checked “(C)” in Section 1, you must also fill out the Supplement to the Affidavit of Indigency (pg. 21).
- ▢ 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; or | |

(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.	

PUBLICATION REQUIREMENT FOR NAME CHANGE PETITION

Massachusetts requires people who change their name to publish notice of that name change in a local newspaper. For various reasons, you may not want to publish your 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.

If you have a criminal record, most courts will be unlikely to grant a waiver of publication. Courts also tend to review these motions more carefully if you are trying to change your last name as well.

About This Form (CJD 400):

- Below is a blank **Motion** with a form you can file along with your application to change your name in order to waive the publication requirement (pg. 24). 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. It's usually best to keep this request fairly simple (no more than a few sentences). If you run into any issues or your motion to waive publication is denied, please reach out to GLAD Answers at www.gladanswers.org. Additional assistance may be available.
 - If you have significant debt, you should note that and say 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 you are not changing your 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 want the publication requirement waived, 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.

Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

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

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 Your Name:

- Name Change Order

Required Documents To Change Your Gender Marker:

Any of the following:

- A signed letter from a physician confirming you had the appropriate clinical treatment (see more about this on pg. 32); OR
- A birth certificate showing the correct gender; OR
- A court order recognizing the correct gender (note that the Name Change Order does not satisfy this requirement); OR
- A U.S. Passport showing the correct gender

Submitting This Form:

- We recommend submitting this form and the required documents in person at your local Social Security office.
- If you choose to mail the documents, you can find your local office at <https://secure.ssa.gov/ICON/main.jsp>.
- For more information, visit the National Center for Transgender Equality's website at <https://transequality.org/know-your-rights/social-security>.

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

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

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

Original Social Security Card

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

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

Replacement Social Security Card

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

Changing Information on Your Social Security Record

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

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

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

IF YOU HAVE ANY QUESTIONS

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

EVIDENCE DOCUMENTS

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

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

Evidence of Age

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

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

Evidence of Identity

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

As proof of your identity, you must provide a:

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

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

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

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

Evidence of U.S. Citizenship

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

Evidence of Immigration Status

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

HOW TO COMPLETE THIS APPLICATION

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

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

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

HOW TO SUBMIT THIS APPLICATION

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

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

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

PRIVACY ACT STATEMENT
Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from assigning you a Social Security number (SSN) and issuing you a new or replacement Social Security card.

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

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

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

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

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.***

Application for a Social Security Card

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

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

PHYSICIAN LETTER FOR GENDER MARKER CHANGE

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

The letter on pg. 33 is a template that you can provide to your physician. We recommend that they do not change the core text of the letter unless they have an objection to any specific content. Most physicians who serve the trans community will be familiar with this template.

The Letter Must:

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

[Physician's Letterhead Here]

Physician's Letter Template Certifying Applicant's Gender Change

I, _____ [physician's full name],

_____ [physician's medical license/certificate number],
_____ [issuing state/country of the medical license/certificate],
am the physician of _____ [full name of patient],
_____ [date of birth of patient] with whom I have a
doctor/patient relationship and whom I have treated, or with whom I have a doctor/patient
relationship and whose medical history I have reviewed and evaluated.

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

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

Signature of Physician

Date

Typed Name of Physician

Physician's Address

U.S. PASSPORTS

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

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

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

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

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

- ▢ A completed DS-82 U.S. Passport Renewal Application for Eligible Individuals form (pg. 37)
- ▢ Your current, unexpired passport
- ▢ A certified copy of your name change order
- ▢ Recent color photo of yourself. Find the photo requirements at <https://travel.state.gov/content/travel/en/passports/how-apply/photos.html>.
- ▢ Applicable fee: Personal check or money order for \$110 made out to the “U.S. Department of State.”

Submitting Your DS-82 Form and Documents:

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

You must mail your application and accompanying documents through the United States Postal Service—not UPS, FedEx, or other companies. Once your application has been submitted, you will be able to track your application status online at: <https://travel.state.gov/content/travel/en/passports/need-passport/status.html>.

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

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

- ▢ A completed DS-11 U.S. Passport Application form (pg. 44)
- ▢ Proof of U.S. citizenship, such as a birth certificate. You will need an original or certified copy **and** a photocopy. The photocopy will not be returned to you.
- ▢ A valid photo ID **and** photocopy of the ID, such as a driver's license or government employee ID. If you have already legally changed your name, your ID should reflect that change.
- ▢ A recent color photograph (no more than 6 months old)
- ▢ Applicable fee: Passport book with standard delivery is \$145.

Submitting Your DS-11 Form and Documents:

- ▢ The DS-11 and supporting documents must be submitted in person at a local passport center. You can find your local center at <https://iafdb.travel.state.gov>.

Note About Non-Binary Gender Markers:

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

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

Learn more at <https://travel.state.gov/content/travel/en/passports/need-passport/selecting-your-gender-marker.html>. For additional resources, visit the National Center for Transgender Equality's website at <https://transequality.org/know-your-rights/passports>.

DS-82
U.S. Passport Renewal Application
For Eligible Individuals



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. --OR-- | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I have had my name changed by marriage or court order and can submit proper certified documentation to reflect my name change. | | | | |

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

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

U.S. passports, either in book or card format, are only issued to U.S. Citizens or non-citizen U.S. nationals. Each person must obtain his or her own U.S. passport book or passport card. The passport card is a U.S. passport issued in card format. Like the traditional U.S. passport book, it reflects the bearer's origin, identity, and nationality, and is subject to existing passport laws and regulations. Unlike the U.S. passport book, the U.S. passport card is valid only for entry at land border crossings and sea ports of entry when traveling from Canada, Mexico, the Caribbean, and Bermuda. The U.S. passport card is not valid for international air travel.

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

FOR INFORMATION AND QUESTIONS

Visit the Department of State website at travel.state.gov or contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD: 1-888-874-7793) or by email at NPIC@state.gov. Customer Service Representatives are available Monday-Friday 8:00a.m.-10:00p.m. and Saturday 10:00a.m.-3:00p.m. Eastern Time (excluding federal holidays). Automated information is available 24 hours a day, 7 days a week.

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

NOTICE TO APPLICANTS RESIDING ABROAD

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

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

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

WHAT DO I SEND WITH THIS APPLICATION FORM?

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

See below for more detailed information

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

● Submit your **most recently issued** U.S. passport book and/or card. When submitting a U.S. passport book and/or card with this form, please verify that the document was issued at age 16 or older in your current name (or see item #2 below) and issued within the past 15 years. You are also eligible to use this form if you currently have a U.S. passport book and/or card that complies with the previously listed criteria, and would like to obtain 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 for detailed information regarding current fees. Newly issued passport cards are delivered via first class mail only.

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

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

4. A RECENT, COLOR PHOTOGRAPH.

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

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

WHERE DO I MAIL THIS APPLICATION?

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

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

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

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

NOTE REGARDING MAILING ADDRESSES: Passport Services does not send mail to a private address outside the United States or Canada. If you do not live at the address listed in the "Mailing Address", then you must put the name of the person and mark it as "In Care Of." If your mailing address changes prior to receipt of your new passport, please contact the National Passport Information Center (NPIC) at 1-877-487-2778 or visit travel.state.gov.

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

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

FEDERAL TAX LAW

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

NOTICE TO CUSTOMERS APPLYING OUTSIDE A DEPARTMENT OF STATE FACILITY

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

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

FEE REMITTANCE

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

USE OF SOCIAL SECURITY NUMBER

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

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

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

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

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

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

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

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

NOTICE TO U.S. PASSPORT CARD APPLICANTS ONLY

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

ACTS OR CONDITIONS

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

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

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

PRIVACY ACT STATEMENT

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

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

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

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

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

ELECTRONIC PASSPORT STATEMENT

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

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

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

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

PAPERWORK REDUCTION ACT STATEMENT

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

Name of Applicant (Last, First & Middle)	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

12. Height	13. Hair Color	14. Eye Color	15. Occupation	16. Employer or School (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17. Additional Contact Phone Numbers

<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Cell	<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Cell
<input type="text"/>	<input type="checkbox"/> Work <input type="checkbox"/> _____	<input type="text"/>	<input type="checkbox"/> Work <input type="checkbox"/> _____

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 <input type="text"/>	Address: Street/RFD # or P.O. Box <input type="text"/>	Apartment/Unit <input type="text"/>
City <input type="text"/>	State <input type="text"/> Zip Code <input type="text"/>	Phone Number <input type="text"/> Relationship <input type="text"/>

20. Travel Plans

Departure Date (mm/dd/yyyy) <input type="text"/>	Return Date (mm/dd/yyyy) <input type="text"/>	Countries to be visited <input type="text"/>
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**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
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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 to find the nearest U.S. Embassy or Consulate for procedures for applying outside the United States.


* DS 82 C 08 2013 2 *

DS-11
U.S. Passport Application



U.S. PASSPORT APPLICATION

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

FOR INFORMATION AND QUESTIONS

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

WHAT TO SUBMIT WITH THIS FORM:

- 1. PROOF OF U.S. CITIZENSHIP:** Evidence of U.S. citizenship **AND a photocopy** of the front (and back, if there is printed information) must be submitted with your application. The photocopy must be on 8 ½ inch by 11 inch paper, black and white ink, legible, and clear. Evidence that is not damaged, altered, or forged will be returned to you. **Note:** Lawful permanent resident cards submitted with this application will be forwarded to U.S. Citizenship and Immigration Services, if we determine that you are a U.S. citizen.
- 2. PROOF OF IDENTITY:** You must present your original identification **AND submit a photocopy** of the front and back with your passport application.
- 3. RECENT COLOR PHOTOGRAPH:** Photograph must meet passport requirements – full front view of the face and 2x2 inches in size.
- 4. FEES:** Please visit our website at travel.state.gov for current fees.

HOW TO SUBMIT THIS FORM:

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

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

REQUIREMENTS FOR CHILDREN

● AS DIRECTED BY PUBLIC LAW 106-113 AND 22 CFR 51.28:

To submit an application for a child under age 16 **both parents or the child's legal guardian(s) must appear** and present the following:

- Evidence of the child's U.S. citizenship;
- Evidence of the child's relationship to parents/guardian(s); **AND**
- Original parental/guardian government-issued identification **AND a photocopy** of the front and back side of presented identification.

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

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

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

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

PASSPORT VALIDITY LENGTH

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

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

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

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

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

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

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

PROOF OF U.S. CITIZENSHIP

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

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

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

- If you claim citizenship through naturalization of parent(s): Submit the Certificate(s) of Naturalization of your parent(s), your foreign birth certificate (and official translation if the document is not in English), proof of your admission to the United States for permanent residence, **and** your parents' marriage/certificate and/or evidence that you were in the legal and physical custody of your U.S. citizen parent, if applicable.
- If you claim citizenship through birth abroad to at least one U.S. citizen parent: Submit a Consular Report of Birth (Form FS-240), Certification of Birth (Form DS-1350 or FS-545), or your foreign birth certificate (and official translation if the document is not in English), proof of U.S. citizenship of your parent, your parents' marriage certificate, **and** an affidavit showing all of your U.S. citizen parents' periods and places of residence/physical presence in the United States and abroad before your birth.
- If you claim citizenship through adoption by a U.S. citizen parent(s): Submit evidence of your permanent residence status, full and final adoption, **and** your U.S. citizen parent(s) evidence of legal and physical custody. (**NOTE:** Acquisition of U.S. citizenship for persons born abroad and adopted only applies if the applicant was born on or after 02/28/1983.)

ADDITIONAL EVIDENCE: You must establish your citizenship to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your claim to U.S. citizenship. Visit travel.state.gov for details.

PROOF OF IDENTITY

You may submit items such as the following containing your signature AND a photograph that is a good likeness of you: previous or current U.S. passport book; previous or current U.S. passport card; driver's license (not temporary or learner's license); Certificate of Naturalization; Certificate of Citizenship; military identification; or federal, state, or municipal government employee identification card. Temporary or altered documents are not acceptable.

You must establish your identity to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your identity. If you have changed your name, please see travel.state.gov for instructions.

IF YOU CANNOT PROVIDE DOCUMENTARY EVIDENCE OF IDENTITY as stated above, you must appear with an IDENTIFYING WITNESS, who is a U.S. citizen, non-citizen U.S. national, or permanent resident alien that has known you for at least two years. Your witness must prove his or her identity and complete and sign an Affidavit of Identifying Witness (Form DS-71) before the acceptance agent. You must also submit some identification of your own.

COLOR PHOTOGRAPH

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

FEES

FEES ARE LISTED ON OUR WEBSITE AT TRAVEL.STATE.GOV. BY LAW, THE PASSPORT FEES ARE NON-REFUNDABLE.

- **The passport application fee, security surcharge, and expedite fee may be paid in any of the following forms:** Checks (personal, certified, or traveler's) with the applicant's full name and date of birth printed on the front; major credit card (Visa, Master Card, American Express, and Discover); bank draft or cashier's check; money order (U.S. Postal, international, currency exchange), or if abroad, the foreign currency equivalent, or a check drawn on a U.S. bank. All fees should be payable to the "U.S. Department of State" or if abroad, the appropriate U.S. Embassy or U.S. Consulate. When applying at a designated acceptance facility, the execution fee will be paid separately and should be made payable to the acceptance facility. **NOTE: Some designated acceptance facilities do not accept credit cards as a form of payment.**
- **For faster processing,** you may request expedited service. Please include the expedite fee in your payment. Our website contains updated information regarding fees and processing times for expedited service. Expedited service is only available for passports mailed in the United States and Canada.
- **OVERNIGHT DELIVERY SERVICE** is only available for passport book mailings in the United States. Please include the appropriate fee with your payment.
- An additional fee will be charged when, upon your request, the U.S. Department of State verifies issuance of a previous U.S. passport or Consular Report of Birth Abroad because you are unable to submit evidence of U.S. citizenship.
- **For applicants with U.S. government or military authorization for no-fee passports,** no fees are charged except the execution fee when applying at a designated acceptance facility.

NOTE REGARDING MAILING OF YOUR PASSPORT(S)

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

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

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

FEDERAL TAX LAW

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

NOTICE TO CUSTOMERS APPLYING OUTSIDE A DEPARTMENT OF STATE FACILITY

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

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

FEE REMITTANCE

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

USE OF SOCIAL SECURITY NUMBER

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

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

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

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

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

NOTICE TO U.S. PASSPORT CARD APPLICANTS

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

U.S. passports, either in book or card format, are only issued to U.S. citizens or non-citizen U.S. nationals. Each person must obtain his or her own U.S. passport book or U.S. passport card. The passport card is a U.S. passport issued in card format. Like the traditional U.S. passport book, it reflects the bearer's origin, identity, and nationality, and is subject to existing passport laws and regulations. **Unlike the U.S. passport book, the U.S. passport card is valid only for entry at land border crossings and sea ports of entry when traveling from Canada, Mexico, the Caribbean, and Bermuda.** The U.S. passport card is **not** valid for international air travel.

ELECTRONIC PASSPORT STATEMENT

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

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

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

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

ACTS OR CONDITIONS

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

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

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

PRIVACY ACT STATEMENT

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

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

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

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

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

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 85 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Legal Affairs and Law Enforcement Liaison, 44132 Mercure Cir, P.O. Box 1227, Sterling, Virginia 20166-1227



APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

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

Attention: Read WARNING on page 1 of instructions

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

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

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

1. Name Last

D O Dep DOTS _____

First

Middle

End. # _____

Exp. _____

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

____/____/____

3. Sex

M F

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

5. Social Security Number

____-____-____

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

_____@_____

7. Primary Contact Phone Number

____-____-____

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

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

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

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

A. _____ B. _____

STOP! CONTINUE TO PAGE 2

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

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

- Driver's License State Issued ID Card Passport Military Other _____

Name _____

Issue Date (mm/dd/yyyy) _____ Exp. Date (mm/dd/yyyy) _____ State of Issuance _____

ID No _____ Country of Issuance _____

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

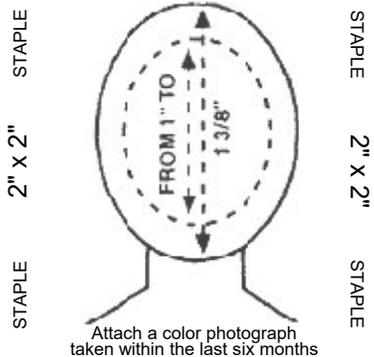
- Driver's License State Issued ID Card Passport Military Other _____

Name _____

Issue Date (mm/dd/yyyy) _____ Exp. Date (mm/dd/yyyy) _____ State of Issuance _____

ID No _____ Country of Issuance _____

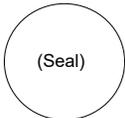
I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four of the instructions of this application (unless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



Attach a color photograph taken within the last six months

Acceptance Agent (Vice) Consul USA

Passport Staff Agent



Name of courier company (if applicable) _____

Facility ID Number _____

Facility Name/Location _____

Agent ID Number _____

Signature of person authorized to accept applications _____

Date _____

x _____
Applicant's Legal Signature - age 16 and older

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

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

For Issuing Office Only → Bk _____ Card _____ EF _____ Postage _____ Execution _____ Other _____



* DS 11 C 09 2013 1 *

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

10. Parental Information Last Name (at Parent's Birth) _____

Mother/Father/Parent - First & Middle Name _____

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) _____

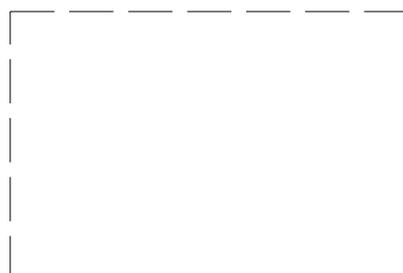
Status of your most recent passport book: Submitting with application Stolen Lost In my possession (if expired)

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. / Citz. 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 Citz P/C of ID DS-71 DS-3053 DS-64 DS-5520 DS-5525 PAW NPIC IRL Citz W/S

DRIVER'S LICENSE NAME AND GENDER MARKER CHANGE

Name Change:

- ▢ You should generally update your Social Security record before you change the name on your driver's license.
- ▢ To change your name on an existing Massachusetts driver's license (for a "Real ID"), bring a copy of your Name Change Order affirming your name change to a Massachusetts 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. 51) and check "Change of Information" in Section (A)4.
 - This form can also be filled out online by selecting "Apply for Real ID" at myRMV: <https://atlas-myrmv.massdot.state.ma.us/myrmv/>.
 - Massachusetts allows you to indicate "M," "F," or "X" for a gender marker.
 - If you are changing your gender marker to "X," consider waiting to speak to an attorney.
- ▢ The form must be submitted in person to a Massachusetts RMV, even if you fill out the form online.

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



Driver's License, Learner's Permit or ID Card Application

(Passenger (Class D), Motorcycle (Class M), Class D/M, or Massachusetts Identification Card)

Save time, go to mass.gov/RMV to apply online!

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
Current Massachusetts Learner's Permit or Driver's License # (if applicable)			Date of Birth (MM/DD/YYYY)	
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
Mailing Address <input type="checkbox"/> (same as above)				
Street	Apt. #	City	State	Zip Code
Email	Phone Type		Phone #	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
Emergency Contact Information: (optional)				
Email	Name		Phone #	
			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

C. Out of State Conversion (Skip if not converting from out of state)

Driver's License, Learner's Permit or ID Card #	Document Type	Restriction(s) (if applicable)		
	<input type="checkbox"/> Learner's Permit <input type="checkbox"/> Driver's License <input type="checkbox"/> ID Card			
Country	State	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	

D. Required Demographic Information

Gender	Eye Color	Height (feet, inches)
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	<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	
Register me (or keep me registered) as an Organ and Tissue Donor: <input type="checkbox"/> Yes <input type="checkbox"/> No For more information on organ and tissue donation, visit: NEDS.org .		
Would you like to donate \$2 to the Organ and Tissue Donor Registration Fund? (to be answered for renewal and replacement transactions only) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Military Status (documentation is required if checked – visit 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?
---	-----------------------	--

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

We will use your information to update your voter registration or register you to vote.

1. Are you a citizen of the United States? Yes No
2. Are you a resident of Massachusetts? Yes No

To register to vote, you must be:

- A U.S. citizen, and
- A Massachusetts resident, and
- At least 16 years old, and
- Not under guardianship that prohibits registering to vote, and
- Not temporarily or permanently disqualified by law from voting, and
- Not currently incarcerated for a felony conviction.

If you cannot answer "Yes" to all the items above, or do not want us to share your information for voter registration, check the box below.

Do not use my information for voter registration.

Your decision not to register to vote is confidential. If you register to vote, the office at which you submit your registration is confidential and will only be used for voter registration purposes.

If you are under age 16, you will not be registered to vote. If you are at least age 16, you will be pre-registered to vote. You must be at least 18 to vote.

AFFIRMATION FOR APPLICANTS REGISTERING TO VOTE (signed under the penalty of perjury)

I hereby swear (affirm) that I meet the qualifications listed above and that I consider the residential address on this form to be my home.

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.

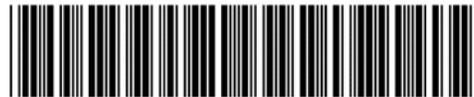
I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24B.

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.

Official Notice:

Massachusetts law requires persons convicted as a sex offender to register with their local police departments. For information, call 1-800-93MEGAN or visit <https://www.mass.gov/orgs/sex-offender-registry-board>



9011-WALK-IN

BIRTH CERTIFICATE NAME AND GENDER MARKER CHANGE

If you were born in Massachusetts, you may change both the name and gender marker on your birth certificate. At this time, however, Massachusetts only allows M or F gender markers on birth certificates. Also, Massachusetts only allows you to change your birth certificate once without a court action.

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.

Note: Massachusetts only allows you to update a section of your birth certificate once. If you are changing your name and gender on your birth certificate, you should get a court order for your name change before changing any information on your birth certificate.

Required Documents:

- ▢ Filled out Applicant Affidavit in Support of Amendment of a Birth Certificate Following Medical Intervention for the Purpose of Sex Reassignment (pg. 55).
 - If you are a minor (17 or younger), a parent or guardian must complete the form.
 - Your parent or guardian should fill out the affidavit using your legal name (this is the name reflected on the Name Change Order, not the name on your birth certificate).
 - Your parent or guardian then signs on your behalf in the signature line and writes “Mother of Applicant,” “Father of Applicant,” or “Guardian of Applicant” (as applicable) next to the signature.
 - Both parents should sign if possible.
- If you are changing gender marker on your 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. 32).
 - ▢ Where the form asks for sex identification, the physician must mark the gender you want listed on your documents, not the gender currently on your birth certificate.
- If you are changing your name on your birth certificate, you must also have:
 - ▢ Name Change Order showing your legal name change.

Submitting the Form:

- ▮ We recommend that you bring all documents in person to the Registry of Vital Records and Statistics. If the documents are approved, you will have an updated birth certificate from the Registry that day.

To make an appointment, call (617) 740-2600 or email vital.regulation@state.ma.us.

- ▮ You may also mail in all required documents at the address listed on the form. This usually takes about two weeks, but it could take longer.

Fees:

- Currently, the fee to amend the birth certificate is \$50.
- There is a fee of \$32 to get a certified amended birth certificate by mail, or \$20 to get 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



Information on existing birth certificate	Name: <i>First</i> <i>Middle</i> <i>Last</i>									
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:								
	City/Town of Birth:									
	Mother/Parent Name:									
	Father/Parent Name:									
Name and Sex to appear on amended birth certificate	Name: <i>First</i> <i>Middle</i> <i>Last</i>									
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female									
Applicant's contact information	Mailing Address:									
	Telephone (optional):	Email (optional):								
Applicant affidavit	<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="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">\$50.00 amendment fee, plus <i>either</i>:</td> <td style="text-align: right;">\$50.00</td> </tr> <tr> <td style="text-align: right;">By mail: \$32.00 per certified copy for _____ copies</td> <td style="text-align: right;">+ \$ _____</td> </tr> <tr> <td style="text-align: right;">Or, in-person: \$20.00 per certified copy for _____ copies</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Total Enclosed</td> <td style="text-align: right;">= \$ _____</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	+ \$ _____	Or, in-person: \$20.00 per certified copy for _____ copies	\$ _____	Total Enclosed	= \$ _____
	\$50.00 amendment fee, plus <i>either</i> :	\$50.00								
By mail: \$32.00 per certified copy for _____ copies	+ \$ _____									
Or, in-person: \$20.00 per certified copy for _____ copies	\$ _____									
Total Enclosed	= \$ _____									
	Signature of Applicant _____	Date _____								
For more information or to apply	<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 align="center">Registry of Vital Records and Statistics Attn: Amendments 150 Mt. Vernon Street, 1st Floor Dorchester, MA 02125</p> <p>For more information or to make an appointment, telephone: (617) 740-2600 or email: Vital.Regulation@state.ma.us.</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>									

THANK YOU FOR USING THIS GUIDE.

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

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

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

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

