



# DESIGN SPECIFICATIONS DOCUMENT

## OSSNAP GUIDED JOURNEY 12/20/2019



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# 1. Pages

## 1.1. Learn More

The screenshot shows the Social Security website interface for starting a replacement card application. At the top, it says "Social Security" with the logo. Below that, the heading is "Begin a Replacement Social Security Card Application Online and Finish In-Office". A sub-heading reads "Let us help you complete the application and select proper documentation". There is a blue button labeled "Apply Here to Start the Online Application". To the right, a list of bullet points includes: "Begin the replacement card application online.", "Visit the local office.", and "Learn which documents are needed for a replacement card." Below this are two placeholder images for a Social Security card. The main content area has a question: "Do you need to visit your local office to complete your application?". Below the question, it states: "You MUST visit the local office to complete the replacement card application within 45 calendar days, otherwise you will have to restart the application process." There are two dropdown menus: the first is "What documentation do you need to bring?" and the second is "Print, mail or take your application to the Social Security office." Below these is another question: "Are you eligible to apply via the online process and finish in-office?". This is followed by a list of bullet points: "Not applying via my Social Security account", "A U.S. Citizen", "An adult age 18 years or older", "Requesting a replacement card only, with or without a request to change name", and "Applying on behalf of someone else (individual or child in your custody)". The final question is "How do you use the online application process?", with bullet points: "Complete the application process online" and "Visit the local office to provide proof of identity and other documents, if applicable". At the bottom left, there are links for "Privacy Policy" and "Accessibility Help".

### 1.1.1. Documentation

#### 1.1.1.1. Hidden

[What documentation do you need to bring?](#)

#### 1.1.1.2. Shown

[What documentation do you need to bring?](#)

[Adult Replacement Card](#)   [Child Replacement Card](#)

### 1.1.2. Print, Take, Mail

### 1.1.2.1. Hidden

[Print, mail or take your application to the Social Security office.](#)

### 1.1.2.2. Shown

[Print, mail or take your application to the Social Security Office](#)


[Complete and print application](#) [Find your local field office](#)

### 1.1.3. Adult Replacement Card Documentation

1.1.3.1. Open

Adult Replacement Card Documentation

Print Email




### U.S. Citizen/Adult – Replacement Social Security Card

If you live in selected states or the District of Columbia, you may now be able to request a replacement card through the my Social Security portal at [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount). Visit [www.socialsecurity.gov/ssnumber](http://www.socialsecurity.gov/ssnumber) for a list of participating states and other requirements. To get a replacement Social Security card, you must show us documents proving your identity. You must also show us documents proving your age and U.S. citizenship, if they're not already in our records.

You must present original documents or copies certified by the agency that issued them. We can't accept photocopies or notarized copies. All documents must be current (not expired). We may use one document for two purposes. For example, we may use your U.S. passport as proof of both citizenship and identity.

To prove	You must show
<b>Your identity</b>	A current document showing your name, identifying information, and photograph, such as one of the following: <ul style="list-style-type: none"> <li>• U.S. passport/passport card;</li> <li>• U.S. driver's license; or</li> <li>• State-issued identification card.</li> </ul> We may be able to accept your: <ul style="list-style-type: none"> <li>• Employer identification card;</li> <li>• School identification card;</li> <li>• Health insurance card (not Medicare card); or</li> <li>• U.S. military identification card.</li> </ul>
<b>Your age</b>	<b>U.S. birth certificate (if one exists, you must submit it). If a birth certificate doesn't exist, we may be able to accept your:</b> <ul style="list-style-type: none"> <li>• Religious record made before the age of 5 showing your date of birth;</li> <li>• U.S. hospital record of your birth; or</li> <li>• U.S. passport/passport card.</li> </ul>
<b>Your U.S. citizenship</b>	One of the following documents: <ul style="list-style-type: none"> <li>• U.S. birth certificate;</li> <li>• U.S. Consular Report of Birth Abroad;</li> <li>• U.S. passport/passport card;</li> <li>• Certificate of Naturalization; or</li> <li>• Certificate of Citizenship.</li> </ul>

1-800-772-1213  
1-800-325-0778 (TTY)




Securing today and tomorrow

SocialSecurity.gov

Social Security Administration  
Publication No. 05-10512 | 2/14 4/15/16 (List of states — 1/12) (Date Issued: March 2017) (January 2016 edition may be used)  
U.S. Citizen/Adult — Replacement Social Security Card  
Produced and published at U.S. taxpayer expense

Printed on recycled paper




### Ciudadano de los EE.UU./Adulto – Reemplazo de una Tarjeta de Seguro Social

Si vive en ciertos estados o el Distrito de Columbia, es posible que pueda solicitar por internet una tarjeta de reemplazo a través del portal de my Social Security visitando en [www.segurosocial.gov/micuenta](http://www.segurosocial.gov/micuenta) (solo disponible en inglés). Para obtener una lista de los estados participantes y otros requisitos visite [www.segurosocial.gov/espanol/SP\\_SSN](http://www.segurosocial.gov/espanol/SP_SSN). Para obtener una tarjeta de reemplazo del Seguro Social, tiene que mostrarnos documentos que prueben su identidad. También tiene que mostrarnos documentos que prueben su edad y ciudadanía estadounidense, si no los tenemos en nuestros registros.

Tiene que presentar documentos originales o copias certificadas por la agencia que los emitió. No podemos aceptar fotocopias o copias notariadas. Todos los documentos tienen que estar vigentes (no caducados). Es posible que usemos un documento como comprobante de dos requisitos. Por ejemplo, podemos usar su pasaporte de los EE. UU. como prueba de su ciudadanía e identidad.

Para probar	Tiene que mostrarnos
<b>Su identidad</b>	Un documento vigente que muestre su nombre, información que lo identifique y una fotografía, tal como uno de los siguientes: <ul style="list-style-type: none"> <li>• Pasaporte de los EE. UU./tarjeta de pasaporte;</li> <li>• Licencia de conducir de los EE. UU.; o</li> <li>• Tarjeta de identificación emitida por un estado.</li> </ul> Es posible que podamos aceptar su: <ul style="list-style-type: none"> <li>• Tarjeta de identificación de su empleador;</li> <li>• Tarjeta de identificación estudiantil;</li> <li>• Tarjeta de seguro de salud (que no sea la tarjeta de Medicare); o</li> <li>• Tarjeta de identificación del servicio militar de los EE. UU.</li> </ul>
<b>Su edad</b>	<b>Partida de nacimiento de los EE. UU., (si una existe, tiene que presentarla). Si no existe una partida de nacimiento, podemos aceptar su:</b> <ul style="list-style-type: none"> <li>• Registro religioso creado antes de los cinco años de edad que muestre su fecha de nacimiento;</li> <li>• Registro de su nacimiento en un hospital de los EE. UU.; o</li> <li>• Pasaporte de los EE. UU./tarjeta de pasaporte.</li> </ul>
<b>Su ciudadanía estadounidense</b>	Uno de los siguientes documentos: <ul style="list-style-type: none"> <li>• Partida de nacimiento de los EE. UU.;</li> <li>• Informe consular de los EE. UU. de nacimiento en el extranjero;</li> <li>• Pasaporte de los EE. UU./tarjeta de pasaporte;</li> <li>• Certificado de Naturalización; o</li> <li>• Certificado de Ciudadanía.</li> </ul>

1-800-772-1213  
1-800-325-0778 (TTY)



Asegurando el presente y el futuro

SeguroSocial.gov

Social Security Administration  
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U.S. Citizen/Adult — Replacement Social Security Card  
Escrito y publicado con fondos de los contribuyentes de los EE. UU.

Impreso en papel reciclado


1.1.4. Child Replacement Card Documentation

1.1.4.1. Open

Child Replacement Card Documentation

Print Email

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### U.S. Citizen/Child – Replacement Social Security Card

To get a replacement Social Security card for a child, you must show us documents proving your child's identity. You also must show us documents proving your child's age and U.S. citizenship, if they are not already in our records. You also must prove your own identity.

You must present **original documents or copies certified by the agency that issued them.** We cannot accept photocopies or notarized copies. All documents must be current (not expired). We may use one document for two purposes. For example, we may use your U.S. passport as proof of both citizenship and identity.

To prove	You must show
Your child's identity	A document showing your child's name, identifying information (date of birth, age or parent's names), and preferably a photograph, such as: <ul style="list-style-type: none"> <li>• State-issued nondriver's identification card;</li> <li>• U.S. passport;</li> <li>• Adoption decree;</li> <li>• Doctor, clinic or hospital record;</li> <li>• Religious record;</li> <li>• School or daycare center record; or</li> <li>• School identification card.</li> </ul> <p><b>NOTE:</b> While you can use a birth certificate to prove age or citizenship, you cannot use it as proof of identity. Social Security needs evidence that shows the child continues to exist beyond the date of birth.</p>
Your child's age	<b>U.S. birth certificate (if one exists, you must submit it).</b> If a birth certificate does not exist, we may be able to accept your child's: <ul style="list-style-type: none"> <li>• Religious record made before the age of 5 showing the date of birth;</li> <li>• U.S. hospital record of birth; or</li> <li>• U.S. passport.</li> </ul>
Your child's U.S. citizenship	One of the following documents for your child: <ul style="list-style-type: none"> <li>• U.S. birth certificate;</li> <li>• U.S. consular report of birth abroad;</li> <li>• U.S. passport;</li> <li>• Certificate of Naturalization; or</li> <li>• Certificate of Citizenship.</li> </ul>
Your own identity	A document showing your name, identifying information and photograph, such as one of the following: <ul style="list-style-type: none"> <li>• U.S. driver's license;</li> <li>• State-issued nondriver's identification card; or</li> <li>• U.S. passport.</li> </ul>

1-800-772-1213  
 1-800-325-0778 (TTY)  
[www.socialsecurity.gov](http://www.socialsecurity.gov)




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### Niño/ciudadano de los EE.UU. – Duplicado de la Tarjeta de Seguro Social

Para obtener un duplicado de la tarjeta de Seguro Social, tiene que mostrarnos documentos que prueben la identidad de su niño. También tiene que mostrarnos documentos que prueben la edad y ciudadanía estadounidense de su niño, si no los tenemos en nuestros registros. Usted también tiene que probar su propia identidad.

Tiene que presentar **documentos originales o copias certificadas por la agencia que los emitió.** No podemos aceptar fotocopias o copias notariadas. Todos los documentos tienen que estar vigentes (no caducados). Es posible que usemos un documento como prueba de dos requisitos. Por ejemplo, podemos usar su pasaporte de los EE. UU. como prueba de su ciudadanía o identidad.

Para probar	Tiene que mostrarnos
La identidad de su niño	Un documento que muestre el nombre de su niño, información que lo identifique (fecha de nacimiento, edad o nombre de los padres) y preferiblemente con una fotografía, tal como: <ul style="list-style-type: none"> <li>• Tarjeta de identificación emitida por uno de los estados de los EE. UU.;</li> <li>• Pasaporte de los EE. UU.;</li> <li>• Decreto de adopción;</li> <li>• Expediente emitido por un doctor, clínica u hospital;</li> <li>• Registro religioso;</li> <li>• Registro de una escuela/guardería; o</li> <li>• Tarjeta de identificación estudiantil.</li> </ul> <p><b>NOTA ACLARATORIA:</b> Aunque puede usar una partida de nacimiento para probar la edad o ciudadanía, no la puede usar como prueba de identidad. El Seguro Social necesita evidencia, aparte de la fecha de nacimiento, que muestre que el niño aún vive.</p>
La edad de su niño	<b>La partida de nacimiento de los EE. UU. (si una existe, tiene que presentarla). Si no existe una partida de nacimiento para su niño, podemos aceptar su:</b> <ul style="list-style-type: none"> <li>• Registro religioso creado antes de los cinco años de edad que muestre su fecha de nacimiento;</li> <li>• Registro de su nacimiento en un hospital de los EE. UU.; o</li> <li>• Pasaporte de los EE. UU.</li> </ul>
La ciudadanía estadounidense de su niño	Uno de los siguientes documentos de su niño: <ul style="list-style-type: none"> <li>• Partida de nacimiento de los EE. UU.;</li> <li>• Informe consular de los EE. UU. de nacimiento fuera de los EE. UU.;</li> <li>• Pasaporte de los EE. UU.;</li> <li>• Certificado de Naturalización; o</li> <li>• Certificado de Ciudadanía.</li> </ul>
Su propia identidad	Un documento que muestre su nombre, información que lo identifique con una fotografía, tal como uno de los siguientes: <ul style="list-style-type: none"> <li>• Licencia de conductor de los EE. UU.;</li> <li>• Tarjeta de identificación emitida por uno de los estados de los EE. UU.; o</li> <li>• Pasaporte de los EE. UU.</li> </ul>

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 Escrito y publicado con fondos de los contribuyentes de los EE. UU.

Impreso en papel reciclado

## 1.2. Who are you applying for?



Begin a Replacement Social Security Card Application Online and Finish In-Office

### Online Social Security Card Application

\*Indicates required information

**\*Are you an adult applying for**

Yourself

Someone else

Exit

### 1.3. SSN Application Part 1 Self



#### Begin a Replacement Social Security Card Application Online and Finish In-Office

##### Online Social Security Card Application

\*Indicates required information

\*Are you an adult applying for

Yourself  
 Someone else

\*Are you changing your date of birth, place of birth, citizenship, or parent's name?

Yes    No

\*What is your date of birth?

\*Month   \*Day   \*Year  
     

\*Are you requesting a name change?

Yes    No

\*Where is your place of birth?

U.S.    International

\*City/Town   \*State

[Privacy Policy](#)   [Accessibility Help](#)

#### 1.3.1. City and State/Country

##### 1.3.1.1. US

City/Town   State  
  

##### 1.3.1.2. International

    
 City/Town   Country



### 1.3.2. Citizen Yes/No

**Are you a U.S. Citizen?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

### 1.3.3. Exit

Your information will not be saved.

Do you still want to exit?

### 1.4. SSN Application Part 2 Self



Begin a Replacement Social Security Card Application Online and Finish In-Office

#### Online Social Security Card Application

\*Indicates required information

\*What is your Social Security number?

\*What is your name?

How should your name appear on your card?

\*First  Middle  \*Last  Suffix

\*Is the name above your full name at birth?

Yes  No

\*Have you ever had a Social Security number card under a name not listed above?

Yes  No

What is your gender?

Male  Female

\*What is your parent/mother's birth name?

Unknown

\*First  Middle  \*Last  Suffix

\*What is your parent/father's name?

Unknown

\*First  Middle  \*Last  Suffix

\*What is your mailing address?

Where should we mail your SSN card?

\*Street Address  Apartment, Suite, Building, Etc.

\*City/Town  \*State  \*ZIP Code

What is your daytime phone number?

10-digit Number

[Next](#) [Previous](#) [Exit](#)

[Privacy Policy](#) [Accessibility Help](#)

#### 1.4.1. Full Name at Birth

##### Birth Name

What was your full name at birth?

\*First  Middle  \*Last  Suffix

### 1.4.2. Other Names

**Additional Names**  
What other names have you used?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last	Suffix

**Additional Names**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last	Suffix

### 1.4.3. Exit

Your information will not be saved.

Do you still want to exit?

## 1.5. Review and Edit



### Begin a Replacement Social Security Card Application Online and Finish In-Office

#### Review and Edit

**Are you an adult applying for**

Yourself

**Are you changing your date of birth, place of birth, citizenship, or parent's name?**

No

**What is your date of birth?**

January 1, 1983

**Are you requesting a name change?**

No

**Where is your place of birth?**

U.S., Baltimore, Maryland

**What is your Social Security number?**

999-99-9999

**What is your name?**

Jane Lane

**Is the name above your full name at birth?**

Yes

**Have you ever had a Social Security number card under a name not listed above?**

Yes

**What is your gender?**

Female

**What is your parent/mother's birth name?**

Jen Lane

**What is your parent/father's name?**

Jim Lane

**What is your mailing address?**

1111 Street Lane  
Baltimore, Maryland 21215

**What is your daytime phone number?**

(999) 999-9999

[Next to Documentation](#)

[Edit](#)

[Exit](#)

[Privacy Policy](#) [Accessibility Help](#)

## 1.6. SSN Application Part 1 Edit and Update



### Begin a Replacement Social Security Card Application Online and Finish In-Office

#### Edit and Update

\* Indicates required information

\*Are you an adult applying for

Yourself  
 Someone else

\*Are you changing your date of birth, place of birth, citizenship, or parent's name?

Yes  No

\*What is your date of birth?

\*Month  \*Day  \*Year

\*Are you requesting a name change?

Yes  No

\*Where is your Place of Birth

Please select your place of birth.

U.S.  International

\*City/Town  \*State/Territory

[Privacy Policy](#) [Accessibility Help](#)

### 1.6.1. City and State/Country

#### 1.6.1.1. US

City/Town  State/Territory

#### 1.6.1.2. International


\*City/Town  \*Country

### 1.6.2. Citizen Yes/No

**Are you a U.S. Citizen?**

Yes  No

### 1.7. SSN Application Part 2 Edit and Update

 **Social Security**

Begin a Replacement Social Security Card Application Online and Finish In-Office

---

**Edit and Update**  
\* Indicates required information

**\*What is your Social Security number?**

**\*What is your name?**  
How should your name appear on your card?

**\*First**  **Middle**  **\*Last**  **Suffix**

**\*Is the name above your full name at birth?**  
 Yes  No

**\*Have you ever had a Social Security number card under a name not listed above?**  
 Yes  No

**Gender**  
What is your gender?  
 Male  Female

**\*What is your parent/mother's birth name?**

**\*First**  **Middle**  **\*Last**  **Suffix**

**\*What is your parent/father's name?**

**\*First**  **Middle**  **\*Last**  **Suffix**

**\*What is your mailing address?**  
Enter address where you want the card to be mailed.

**\*Street Address**  **Apartment, Suite, Building, Etc.**

**\*City/Town**  **\*State/Territory**  **\*ZIP Code**

**What is your daytime phone number?**  
10-digit Number

[Privacy Policy](#) [Accessibility Help](#)

### 1.7.1. Full Name at Birth

**Birth Name**  
What was your full name at birth?

**First** **Middle** **Last** **Suffix**

### 1.7.2. Other Names


**Additional Names**  
What other names have you used?

**First** **Middle** **Last** **Suffix**

**Additional Name**

**First** **Middle** **Last** **Suffix**

### 1.8. Who are you applying for?

 **Social Security**

Begin a Replacement Social Security Card Application Online and Finish In-Office

Online Social Security Card Application  
\*Indicates required information

**\*Are you an adult applying for**

Yourself

Someone else

[Exit](#)

## 1.9. SSN Application Part 1 Someone Else



### Begin a Replacement Social Security Card Application Online and Finish In-Office

#### Online Social Security Card Application

\*Indicates required information

\*Are you an adult applying for

Yourself  
 Someone else

\*If you are applying for someone else, what is your name?

\*First Middle \*Last Suffix

\*Are you changing the individual's date of birth, place of birth, citizenship, or parent's name?

Yes  No

\*Is the individual you are applying for an Adult (age 18 or over)?

Yes  No

\*What is the individual's date of birth?

\*Month \*Day \*Year

\*Are you requesting a name change for the individual?

Yes  No

\*Where is the individual's place of birth?

U.S.  International

\*City/Town

\*State

[Privacy Policy](#) [Accessibility Help](#)

### 1.9.1. City and State/Country

#### 1.9.1.1. US

City/Town State



### 1.9.1.2. International

City/Town	Country
<input type="text"/>	<input type="text" value="--"/>

### 1.9.2. Citizen Yes/No

**Is the individual a U.S. Citizen?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

### 1.9.3. Exit

Your information will not be saved.

Do you still want to exit?

Yes	No
-----	----

### 1.9.4. Date Toggle Relationship

### 1.9.4.1. Relationship to Individual

**What is your relationship to the individual?**

<input type="checkbox"/> Court Appointed Legal Guardian
<input type="checkbox"/> Administrator of the Estate
<input type="checkbox"/> State Agency or State Licensed Agency with Legal Custody
<input type="checkbox"/> Individual who can Establish Relationship and Responsibility
<input type="checkbox"/> None of the Above

**Individual's capabilities**

Is the individual physically or mentally unable to file an application on his or her behalf?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

### 1.9.4.2. Applying for a Child

**What is your relationship to and responsibility for the individual?**

<input type="checkbox"/> Court Appointed Legal Guardian
<input type="checkbox"/> Custodial Mother
<input type="checkbox"/> Custodial Father
<input type="checkbox"/> Administrator of Estate
<input type="checkbox"/> Relative with Custody of Child
<input type="checkbox"/> State Agency or State Licensed Agency with Legal Custody
<input type="checkbox"/> Individual who can Establish Relationship and Responsibility
<input type="checkbox"/> None of the Above

## 1.10. SSN Application Part 2 Someone Else



Begin a Replacement Social Security Card Application Online and Finish In-Office

### Online Social Security Card Application

\* Indicates required information

\*What is the individual's Social Security number?

\*What is the individual's name?

How should the individual's name appear on the card?

\*First  Middle  \*Last  Suffix

\*Is the name above the individual's full name at birth?

Yes  No

\*Has the individual ever had a Social Security number card under a name not listed above?

Yes  No

What is the individual's gender?

Male  Female

\*What is the individual's parent/mother's birth name?

Unknown

\*First  Middle  \*Last  Suffix

\*What is the individual's parent/father's name?

Unknown

\*First  Middle  \*Last  Suffix

\*What is your mailing address?

Where should we mail the individual's SSN card?

\*Street Address  Apartment, Suite, Building, Etc.

\*City/Town  \*State  \*ZIP Code

What is your daytime phone number?

10-digit Number

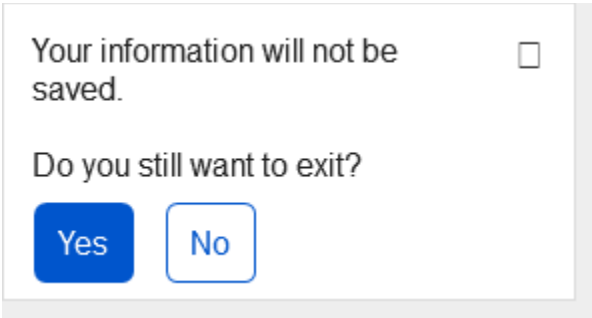
Next

Previous

Exit

[Privacy Policy](#) [Accessibility Help](#)

### 1.10.1. Exit



1.10.2. Full Name at Birth

**Name**  
What was the individual's name at birth?

First Middle Last Suffix

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

1.10.3. Other Names

**\* Additional Names**  
What other names has the individual used?

\* First Middle \* Last Suffix

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

**Additional Names**

First Middle Last Suffix

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

## 1.11. Review and Edit



### Begin a Replacement Social Security Card Application Online and Finish In-Office

#### Review and Edit

**Are you an adult applying for**

Someone else

**If you are applying for someone else, what is your name?**

Jane Lane

**Are you changing the individual's date of birth, place of birth, citizenship, or parent's name?**

No

**Is the individual you are applying for an Adult (age 18 or over)?**

Yes

**What is the individual's date of birth?**

January 1, 1983

**What is your relationship to the individual?**

Court Appointed Legal Guardian

**Individual's capabilities**

Is the individual physically or mentally unable to file an application on his or her behalf?

Yes

**Are you requesting a name change for the individual?**

No

**Where is the individual's place of birth?**

Baltimore, Maryland

**What is the individual's Social Security number?**

555-55-5555

**What is the individual's name?**

Jane Lane

**Is the name above the individual's full name at birth?**

Yes

**Has the individual ever had a Social Security number card under a name not listed above?**

No

**What is the individual's gender?**

Female

**What is the individual's parent/mother's birth name?**

Jen Lane

**What is the individual's parent/father's name?**

Jim Lane

**What is your mailing address?**

1111 W Street Lane  
Baltimore, Maryland, 21209

**What is your daytime phone number?**

555-5555


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## 1.12. SSN Application Part 1 Edit and Review Someone Else

 Social Security

Begin a Replacement Social Security Card Application Online and Finish In-Office

**Edit and Update**

\*Indicates required information

**\*Are you an adult applying for**

Yourself

Someone else

**\*If you are applying for someone else, what is your name?**

\*First Middle \*Last Suffix

Ava   Lane  --

**\*Are you changing the individual's date of birth, place of birth, citizenship, or parent's name?**

Yes  No

**\*Is the individual you are applying for an Adult (age 18 or over)?**

Yes  No

**\*What is the individual's date of birth?**

\*Month \*Day \*Year

January  01  1983

**\*What is your relationship to the individual?**

Court Appointed Legal Guardian

Administrator of the Estate

State Agency

Individual with Custody

None of the Above

**\*Individual's capabilities**

Is the individual physically or mentally unable to file an application on his or her behalf?

Yes  No

**\*Are you requesting a name change for the individual?**

Yes  No

**\*Where is the individual's place of birth?**

U.S.  International

\*City/Town \*State

Baltimore  Maryland

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### 1.12.1. City and State/Country

#### 1.12.1.1. US

City/Town State

Baltimore Maryland

### 1.12.1.2. International


<input type="text"/>	<input type="text"/>
----------------------	----------------------

### 1.12.2. Citizen Yes/No

Is the individual a U.S. Citizen?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

### 1.13. SSN Application Part 2 Edit and Review Someone Else

 Social Security

Begin a Replacement Social Security Card Application Online and Finish In-Office

**Edit and Update**  
\* Indicates required information

**\*What is the individual's Social Security number?**

**\*What is the individual's name?**  
How should the individual's name appear on the card?

\*First Middle \*Last Suffix

**\*Is the name above the individual's full name at birth?**  
 Yes  No

**\*Name**  
What was the individual's name at birth?

\*First Middle \*Last Suffix

**\*Has the individual ever had a Social Security number card under a name not listed above?**  
 Yes  No

**\*Name**  
What other names has the individual used?

\*First Middle \*Last Suffix

**What is the individual's gender?**  
 Male  Female

**\*What is the individual's parent/mother's birth name?**  
 Unknown

\*First Middle \*Last Suffix

**\*What is the individual's parent/father's name?**  
 Unknown

\*First Middle \*Last Suffix

**\*What is your mailing address?**  
Enter address where you want the card to be mailed.

\*Street Address Apartment, Suite, Building, Etc.

\*City/Town \*State/Territory \*ZIP Code

**What is your daytime phone number?**  
10-digit Number

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## 1.14. Documentation Self



### Online Social Security Card Application

#### **i** What you need to know about documentation

- You must present original documentation or copies certified by the agency that issued them.
- We cannot accept photocopies or notarized copies.
- We cannot accept a receipt showing you applied for the document.
- Acceptable documents must be unexpired, show your name, date of birth or age.
- We may use one document for two purposes. For example, we may use your U.S. passport as proof of both citizenship and identity.
- If you have not already established your U.S. citizenship with us, we will need to see proof of citizenship.

#### Select Your Replacement Card Documentation

\*Indicates required information

##### \*Identity Documentation

Please select one document from the list

<input type="radio"/> U.S. driver's license
<input type="radio"/> State-issued non-driver identification card
<input type="radio"/> U.S. passport
<input type="radio"/> None of the Above

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### 1.14.1. Identity for Self

#### 1.14.1.1. US Passport

**What is your U.S. passport number?**

**What is the issue date?**

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**What is the expiration date?**

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.14.1.2. Driver's License

What is your driver's license number?

In which state or territory was your driver's license issued?

What is the issue date?                      What is the expiration date?

Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.14.1.3. State Issued Identification

What is your state-issued non-driver identification card number?

In which state or territory was your state-issued non-driver identification card number issued?

What is the issue date?                      What is the expiration date?

Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.14.2. Show Hide

#### 1.14.2.1. Hidden

[Other Documentation Options](#)

### 1.14.2.2. None of the Above Show/Hide

#### Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show your name, identifying information (date of birth or age) and preferably a recent photograph.

Employee identification card

School identification card

Health insurance identification card

U.S. military identification card

## 1.15. Documentation Name Change Self with Field Input



### Online Social Security Card Application

#### **i** What you need to know about documentation

- You must present original documentation or copies certified by the agency that issued them.
- We cannot accept photocopies or notarized copies.
- We cannot accept a receipt showing you applied for the document.
- Acceptable documents must be unexpired, show your name, date of birth or age.
- We may use one document for two purposes. For example, we may use your U.S. passport as proof of both citizenship and identity.
- If you have not already established your U.S. citizenship with us, we will need to see proof of citizenship.

#### Select Your Replacement Card Documentation

\* Indicates required information

If the document you provide as evidence of a legal name change does not give us enough information to identify you in our records or if you changed your name more than two years ago (four years ago if you are under 18 years of age), you must show us an identity document in your prior name (as shown in our records). We will accept an identity document in your old name that has expired.

If you do not have an identity document in your prior name, we may accept an unexpired identity document in your new name, as long as we can properly establish your identity in our records.

#### \*Identity Documentation

Please select one document from the list

<input type="radio"/> U.S. driver's license
<input type="radio"/> State-issued non-driver identification card
<input type="radio"/> U.S. passport
<input type="radio"/> None of the Above

#### \*Name Change Documentation

Please select one document from the list

<input type="radio"/> Amended birth certificate
<input type="radio"/> Court Order for a Name Change
<input type="radio"/> Marriage document/U.S. only
<input type="radio"/> Divorce decree

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### 1.15.1. Name Change for Self

### 1.15.1.1. Divorce Decree

<p><b>Issue Date</b></p> <p>What is the issue date?</p> <p>Month Day Year</p> <p><input type="text" value="--"/> <input type="text" value="--"/> <input type="text"/></p>	<p><b>Event Date</b></p> <p>What is the event date?</p> <p>Month Day Year</p> <p><input type="text" value="--"/> <input type="text" value="--"/> <input type="text"/></p>
<p><b>State/Territory</b></p> <p>In which state or territory was your divorce decree issued?</p> <p><input type="text" value="--"/></p>	
<p><b>What is the divorce decree record identification/filing number?</b></p> <p><input type="text"/></p>	

### 1.15.1.2. Marriage Documentation

<p><b>Issue Date</b></p> <p>What is the issue date?</p> <p>Month Day Year</p> <p><input type="text" value="--"/> <input type="text" value="--"/> <input type="text"/></p>	<p><b>Event Date</b></p> <p>What is the event date?</p> <p>Month Day Year</p> <p><input type="text" value="--"/> <input type="text" value="--"/> <input type="text"/></p>
<p><b>State/Territory</b></p> <p>In which state or territory was your marriage document issued?</p> <p><input type="text" value="--"/></p>	
<p><b>What is the marriage record identification/filing number?</b></p> <p><input type="text"/></p>	

### 1.15.1.3. Court Order for a Name Change

**\* Date**  
What is the issue date?

\*Month      \*Day      \*Year

**\* State or Territory of Issuance**  
In which state or territory was your court order issued?

**\* Former Name**  
What is your former name?

\*First      Middle      \*Last      Suffix

**\* New Name**  
What is your new name?

\*First      Middle      \*Last      Suffix

### 1.15.1.4. Amended Birth Certificate

▣ **What is your birth certificate number?**

▣ **In which state or territory was your birth certificate issued?**

▣ **What is the issue date?**

▣ Month      ▣ Day      ▣ Year

### 1.15.2. Self's Name Change – Identity for Self

### 1.15.2.1. State-Issued Identification

▣ What is your state-issued non-driver identification card number?

▣ In which state or territory was your state-issued non-driver identification card issued?

**What is the issue date?**                      **What is the expiration date?**

Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.15.2.2. Driver's License

▣ What is your driver's license number?

▣ In which state or territory was your driver's license issued?

**What is the issue date?**                      **What is the expiration date?**

Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.15.2.3. U.S. Passport

▣ What is your U.S. passport number?

▣ What is the issue date?                      ▣ What is the expiration date?

Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 1.16. Documentation Child with Field Input



### Online Social Security Card Application

**i What you need to know about documentation**

- You must present original documentation or copies certified by the agency that issued them.
- We cannot accept photocopies or notarized copies.
- We cannot accept a receipt showing you applied for the document.
- Acceptable documents must be unexpired, show your name, date of birth or age.
- We may use one document for two purposes. For example, we may use your U.S. passport as proof of both citizenship and identity.
- If you have not already established your U.S. citizenship with us, we will need to see proof of citizenship.

#### Select Your Replacement Card Documentation

\* Indicates required information

**\*Identity Documentation for You**  
Please select one document from the list

<input type="radio"/> U.S. driver's license
<input type="radio"/> State-issued non-driver identification card
<input type="radio"/> U.S. passport

**\*Custody and Responsibility Documentation**  
Please select one document from the list

<input type="radio"/> Court custody documentation
<input type="radio"/> You are listed as the parent in SSA records
<input type="radio"/> Letter from state social service placing the child in your household
<input type="radio"/> School records indicating that you have responsibility for the child
<input type="radio"/> Rental agreement listing the child in your household

**\*Identity Documentation for the Child**  
Please select one document from the list

<input type="radio"/> U.S. driver's license
<input type="radio"/> State-issued non-driver identification card
<input type="radio"/> U.S. passport
<input type="radio"/> Adoption decree
<input type="radio"/> Doctor, clinic or hospital record
<input type="radio"/> School daycare center record
<input type="radio"/> Religious record
<input type="radio"/> School identification card

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### 1.16.1. Child’s Application – Identity for Proper Applicant



### 1.16.1.1. State-Issued Identification

**What is your state-issued non-driver identification card number?**

  
**In which state or territory was your state-issued non-driver identification card issued?**  
**What is the issue date?**      **What is the expiration date?**

Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.16.1.2. Driver's License

**What is your driver's license number?**

  
**In which state or territory was your driver's license issued?**  
**What is the issue date?**      **What is the expiration date?**

Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.16.1.3. U.S. Passport

**What is your U.S. passport number?**

  
**What is the issue date?**      **What is the expiration date?**

Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.16.2. Court Custody Child Data

<p><b>State/Territory</b> In which state or territory was your court custody document issued?</p> <input type="text"/>	<p><b>Document Number</b> What is the document number?</p> <input type="text"/>	<p><b>Case Number</b> What is the case number?</p> <input type="text"/>
<p><b>Court or Agency Name</b> What is the court or agency's name?</p> <input type="text"/>	<p><b>Basis of Authority</b> Is your basis for authority a letter or state ID?</p> <input type="checkbox"/> Letter <input type="checkbox"/> State ID	<p><b>Issue Date</b> What is the issue date?</p> <p> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p> <input type="text"/> <input type="text"/> <input type="text"/> </p>

### 1.16.3. Child's Application – Identity for Child

#### 1.16.3.1. Driver's License

**What is the individual's driver's license number?**

**In which state or territory was the individual's driver's license issued?**

**What is the issue date?**

Month  Day  Year

**What is the expiration date?**

Month  Day  Year

#### 1.16.3.2. State-Issued Identification

**What is the individual's state-issued non-driver identification card number?**

**In which state or territory was the individual state-issued non-driver identification card issued?**

**What is the issue date?**

Month  Day  Year

**What is the expiration date?**

Month  Day  Year

### 1.16.3.3. U.S. Passport

▣ **What is the individual's U.S. passport number?**

▣ **What is the issue date?**      ▣ **What is the expiration date?**

Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 1.17. Documentation Child Name Change with Field Input



### Online Social Security Card Application

**i What you need to know about documentation**

- You must present original documentation or copies certified by the agency that issued them.
- We cannot accept photocopies or notarized copies.
- We cannot accept a receipt showing you applied for the document.
- Acceptable documents must be unexpired, show your name, date of birth or age.
- We may use one document for two purposes. For example, we may use your U.S. passport as proof of both citizenship and identity.
- If you have not already established your U.S. citizenship with us, we will need to see proof of citizenship.

#### Select Your Replacement Card Documentation

\* Indicates required information

##### \*Identity Documentation for You

Please select one document from the list

<input type="radio"/> U.S. driver's license
<input type="radio"/> State-issued non-driver identification card
<input type="radio"/> U.S. Passport

##### \*Custody and Responsibility Documentation

Please select one document from the list

<input type="radio"/> Court custody documentation
<input type="radio"/> You are listed as the parent in SSA records
<input type="radio"/> Letter from State Social service placing the child in your household
<input type="radio"/> School records indicating that you have responsibility for the child
<input type="radio"/> Rental agreement listing the child in your household

##### \*Identity Documentation for the Child

Please select one document from the list

<input type="radio"/> U.S. driver's license
<input type="radio"/> State-issued non-driver identification card
<input type="radio"/> U.S. passport
<input type="radio"/> Adoption decree
<input type="radio"/> Doctor, clinic or hospital record
<input type="radio"/> School daycare center record
<input type="radio"/> Religious record
<input type="radio"/> School identification card

##### \*Name Change Documentation for Child

Please select one document from the list

<input type="radio"/> Amended birth certificate
<input type="radio"/> Court Order for a Name Change
<input type="radio"/> Marriage document/U.S. only
<input type="radio"/> Divorce decree

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### 1.17.1. Name Change for Child

### 1.17.1.1. Amended Birth Certificate

What is the individual's birth certificate number?

In which state or territory was the individual's birth certificate issued?

What is the issue date?

Month Day Year

### 1.17.1.2. Divorce Decree

<p><b>Issue Date</b></p> <p>What is the issue date?</p> <p>Month Day Year</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p><b>Event Date</b></p> <p>What is the event date?</p> <p>Month Day Year</p> <input type="text"/> <input type="text"/> <input type="text"/>
<p><b>State/Territory</b></p> <p>In which state or territory was your divorce decree issued?</p> <input type="text"/>	
<p><b>What is the divorce decree record identification/filing number?</b></p> <input type="text"/>	

### 1.17.1.3. Marriage Documentation

**Issue Date**  
What is the issue date?

Month Day Year

**Event Date**  
What is the event date?

Month Day Year

**State/Territory**  
In which state or territory was your marriage document issued?

**What is the marriage record identification/filing number?**

### 1.17.1.4. Court Order for a Name Change

**\* Date**  
What is the issue date?

\*Month \*Day \*Year

**\* State or Territory of Issuance**  
In which state or territory was the individual's court order issued?

**\* Former Name**  
What is the individual's former name?

\*First Middle \*Last Suffix

**\* New Name**  
What is the individual's new name?

\*First Middle \*Last Suffix

### 1.17.2. Child's Name Change – Identity for Child

#### 1.17.2.1. U.S. Passport

**What is the individual's U.S. passport number?**

**What is the issue date?**      **What is the expiration date?**

Month      Day      Year      Month      Day      Year

--       --             --       --     

#### 1.17.2.2. Driver's License

**What is the individual's driver's license number?**

**In which state or territory was the individual's driver's license issued?**  
 --

**What is the issue date?**      **What is the expiration date?**

Month      Day      Year      Month      Day      Year

--       --             --       --     

#### 1.17.2.3. State-Issued Identification

**What is the individual's state-issued non-driver identification card number?**

**In which state or territory was the individual state-issued non-driver identification card issued?**  
 --

**What is the issue date?**      **What is the expiration date?**

Month      Day      Year      Month      Day      Year

--       --             --       --     

### 1.17.3. Court Custody Child Data

**Case Number**

What is the case number?

**Court or Agency Name**

What is the court or agency's name?

**Issue Date**

What is the issue date?

Month Day Year

--	--	
----	----	--

**Basis of Authority**

Is your basis for authority a letter or state ID?

<input type="checkbox"/> Letter
<input type="checkbox"/> State ID

**Document Number**

What is the document number?

**State/Territory**

In which state or territory was your court custody document issued?

**1.17.4. Child's Name Change – Identity for Proper Applicant**

**1.17.4.1. Driver's License**

**What is your driver's license number?**

**In which state or territory was your driver's license issued?**

**What is the issue date?**

Month Day Year

--	--	
----	----	--

**What is the expiration date?**

Month Day Year

--	--	
----	----	--



### 1.17.4.2. State-Issued Identification

▣ **What is your state-issued non-driver identification card number?**

▣ **In which state or territory was your state-issued non-driver identification card issued?**

**What is the issue date?**

Month Day Year

**What is the expiration date?**

Month Day Year

### 1.17.4.3. U.S. Passport

▣ **What is your U.S. passport number?**

▣ **What is the issue date?**

Month Day Year

▣ **What is the expiration date?**

Month Day Year

## 1.18. Documentation Someone Else with Field Input



### Online Social Security Card Application

#### **i** What you need to know about documentation

- You must present original documentation or copies certified by the agency that issued them.
- We cannot accept photocopies or notarized copies.
- We cannot accept a receipt showing you applied for the document.
- Acceptable documents must be unexpired, show your name, date of birth or age.
- We may use one document for two purposes. For example, we may use your U.S. passport as proof of both citizenship and identity.
- If you have not already established your U.S. citizenship with us, we will need to see proof of citizenship.

#### Select Your Replacement Card Documentation

\* Indicates required information

##### \*Identity Documentation for You

Please select one document from the list

<input type="radio"/> U.S. driver's license
<input type="radio"/> State-issued non-driver identification card
<input type="radio"/> U.S. passport

##### \*Custody and Responsibility Documentation

Please select one document from the list

<input type="radio"/> Court custody document
<input type="radio"/> Letter from State Social service placing the individual in your household
<input type="radio"/> Other documents that shows your relationship and responsibility

##### \*Physical or Mental Incapacity Documentation

<input type="checkbox"/> Documentation that the individual is physically or mentally unable to file an application on his or her behalf (e.g., doctor's certification)
--

##### \*Identity Documentation for the Individual

Please select one document from the list

<input type="radio"/> U.S. driver's license
<input type="radio"/> State-issued non-driver identification card
<input type="radio"/> U.S. passport
<input type="radio"/> None of the Above

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### 1.18.1. Individual's Application – Identity for Proper Applicant

### 1.18.1.1. U.S. Passport

**What is your U.S. passport number?**

**What is the issue date?**      **What is the expiration date?**

Month      Day      Year      Month      Day      Year

--       --             --       --     

### 1.18.1.2. Driver's License

**What is your driver's license number?**

**In which state or territory was your driver's license issued?**  
 --

**What is the issue date?**      **What is the expiration date?**

Month      Day      Year      Month      Day      Year

--       --             --       --     

### 1.18.1.3. State-Issued Identification

**What is your state-issued non-driver identification card number?**

**In which state or territory was your state-issued non-driver identification card issued?**  
 --

**What is the issue date?**      **What is the expiration date?**

Month      Day      Year      Month      Day      Year

--       --             --       --     

### 1.18.2. Individual's Application – Identity for Individual

### 1.18.2.1. Driver's License

What is the individuals' driver's license number?

In which state or territory was the individual's driver's license issued?

What is the issue date?			What is the expiration date?		
Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.18.2.2. State-Issued Identification

What is the individual's state-issued non-driver identification card number?

In which state or territory was the individual's state-issued non-driver identification card issued?

What is the issue date?			What is the expiration date?		
Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.18.2.3. U.S. Passport

What is the individual's U.S. passport number?

What is the issue date?			What is the expiration date?		
Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.18.3. Individual's Application — Court Custody Individual Data

**State/Territory**

In which state or territory was your court custody document issued?

**Document Number**

What is the document number?

**Case Number**

What is the case number?

**Court or Agency Name**

What is the court or agency's name?

**Basis of Authority**

Is your basis for authority a letter or state ID?

Letter

State ID

**Issue Date**

What is the issue date?

Month  Day  Year

### 1.18.4 None of the Above Show/Hide

**Other Documentation Options**

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show your name, identifying information (date of birth or age) and preferably a recent photograph.

Employee identification card

School identification card

Health insurance identification card

U.S. military identification card

## 1.19. Documentation Someone Else Name Change with Field Input



### Online Social Security Card Application

#### **i** What you need to know about documentation

- You must present original documentation or copies certified by the agency that issued them.
- We cannot accept photocopies or notarized copies.
- We cannot accept a receipt showing you applied for the document.
- Acceptable documents must be unexpired, show your name, date of birth or age.
- We may use one document for two purposes. For example, we may use your U.S. passport as proof of both citizenship and identity.
- If you have not already established your U.S. citizenship with us, we will need to see proof of citizenship.

#### Select Your Replacement Card Documentation

\* Indicates required information

##### \*Identity Documentation for You

Please select one document from the list

- U.S. driver's license
- State-issued non-driver identification card
- U.S. passport

##### \*Custody and Responsibility Documentation

Please select one document from the list

- Court custody document
- Letter from State Social service placing the individual in your household
- Other documents that shows your relationship and responsibility

##### \*Physical or Mental Incapacity Documentation

- Documentation that the individual is physically or mentally unable to file an application on his or her behalf (e.g., doctor's certification)

##### \*Identity Documentation for the Individual

Please select one document from the list

- U.S. driver's license
- State-issued non-driver identification card
- U.S. passport
- None of the Above

##### \*Name Change Documentation for Adult

Please select one document from the list

- Amended birth certificate
- Court Order for a Name Change
- Marriage document/U.S. Only
- Divorce Decree

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### 1.19.1. Individual's Name Change – Identity for Proper Applicant

### 1.19.1.1. U.S. Passport

**What is your U.S. passport number?**

  
**What is the issue date?**      **What is the expiration date?**

Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.19.1.2. Driver's License

**What is your driver's license number?**

  
**In which state or territory was your driver's license issued?**  
**What is the issue date?**      **What is the expiration date?**

Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.19.1.3. State-Issued Identification

**What is your state-issued non-driver identification card number?**

  
**In which state or territory was your state-issued non-driver identification card issued?**  
**What is the issue date?**      **What is the expiration date?**

Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.19.2. Name Change for Individual

### 1.19.2.1. Amended Birth Certificate

What is the individual's birth certificate number?

In which state or territory was the individual's birth certificate issued?

What is the issue date?  
Month  Day  Year

### 1.19.2.2. Divorce Decree

<p><b>Issue Date</b> What is the issue date? Month <input type="text"/> Day <input type="text"/> Year <input type="text"/></p>	<p><b>Event Date</b> What is the event date? Month <input type="text"/> Day <input type="text"/> Year <input type="text"/></p>
<p><b>State/Territory</b> In which state or territory was your divorce decree issued? <input type="text"/></p>	
<p>What is the divorce decree record identification/filing number? <input type="text"/></p>	



### 1.19.2.3. Marriage Documentation

**Issue Date**  
What is the issue date?

Month Day Year

**Event Date**  
What is the event date?

Month Day Year

**State/Territory**  
In which state or territory was your marriage document issued?

**What is the marriage record identification/filing number?**

### 1.19.2.4. Court Order for a Name Change

**\* Date**  
What is the issue date?

\*Month \*Day \*Year

**\* State or Territory of Issuance**  
In which state or territory was the individual's court order issued?

**\* Former Name**  
What is the individual's former name?

\*First Middle \*Last Suffix

**\* New Name**  
What is the individual's new name?

\*First Middle \*Last Suffix

### 1.19.3. Individual's Name Change - Identity for Individual

#### 1.19.3.1. U.S. Passport

What is the individual's U.S. passport number?

What is the issue date?      What is the expiration date?

Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 1.19.3.2. Driver's License

What is the individuals' driver's license number?

In which state or territory was the individual's driver's license issued?

What is the issue date?      What is the expiration date?

Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 1.19.3.3. State-Issued Identification

What is the individual's state-issued non-driver identification card number?

In which state or territory was the individual's state-issued non-driver identification card issued?

What is the issue date?      What is the expiration date?

Month	Day	Year	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 1.19.4. Individual's Name Change — Court Custody Individual Data

<b>Case Number</b> What is the case number? <input type="text"/>	<b>Court or Agency Name</b> What is the court or agency's name? <input type="text"/>	<b>Issue Date</b> What is the issue date? Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
<b>Basis of Authority</b> Is your basis for authority a letter or state ID? <input type="checkbox"/> Letter <input type="checkbox"/> State ID	<b>Document Number</b> What is the document number? <input type="text"/>	
<b>State/Territory</b> In which state or territory was your court custody document issued? <input type="text"/>		

## 1.20. Next Steps



### Begin a Replacement Social Security Card Application Online and Finish In-Office

#### Next Steps

The replacement card request is not complete. In order for the card to be processed:

1. Gather the documents as described by the documentation guide.
2. Visit the local office with the original document(s).  
If you prefer to visit a different office, please visit the [local field locator](#).

\*I acknowledge that I have read the 'Next Steps' and understand that I must visit my local SSA office within 45 calendar days to complete the application process.

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### 1.20.1. Next Steps Acknowledgment



## Begin a Replacement Social Security Card Application Online and Finish In-Office

### Next Steps

The replacement card request is not complete. In order for the card to be processed:

1. Gather the documents as described by the documentation guide.
2. Visit the local office with the original document(s).  
If you prefer to visit a different office, please visit the [local field locator](#).

\* I acknowledge that I have read the 'Next Steps' and understand that I must visit my local SSA office within 45 calendar days to complete the application process.

Submit Application Package

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### 1.20.2. Success




## Begin a Replacement Social Security Card Application Online and Finish In-Office

 **The application has been successfully submitted!**

You have decided to bring the following document(s):

1. U.S. Passport
2. U.S. Birth Certification

 **As a reminder**, the replacement card request is not complete. In order for the card to be processed, gather the document(s) listed above and visit the local field office or card center within **45 calendar days**. If you prefer to visit a different office, please visit the [local office locator](#).

Print

Done

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## 1.21. Age Hard Stop



### Begin a Replacement Social Security Card Application Online and Finish In-Office

#### Online Social Security Card Application

\* Indicates required information

\*Are you an adult applying for

Yourself  
 Someone else

\*Are you changing your date of birth, place of birth, citizenship, or parent's name?

Yes  No

\*What is your date of birth?

\*Month \*Day \*Year  
January 01 2004

! You must be age 18 or over to use this application. You can request a [replacement card](#) through your [local field office](#) or by [mail](#).

\*Are you requesting a name change?

Yes  No

\*Where is your place of birth?

U.S.  International

City/Town State  
--

Exit

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### 1.21.1. Citizen Yes/No

▣ Are you a U.S. Citizen?

Yes  No

### 1.21.2. City and State/Country

### 1.21.2.1. US

City/Town	State
<input type="text"/>	<input type="text" value="--"/>

### 1.21.2.2. International

City/Town	Country
<input type="text"/>	<input type="text" value="--"/>

## 1.22. Citizenship



### Begin a Replacement Social Security Card Application Online and Finish In-Office

#### Online Social Security Card Application

\*Indicates required information

\*Are you an adult applying for

Yourself  
 Someone else

\*Are you changing your date of birth, place of birth, citizenship, or parent's name?

Yes  No

\*What is your date of birth?

\*Month  \*Day  \*Year

\*Are you requesting a name change?

Yes  No

\*Where is your place of birth?

U.S.  International

City/Town  Country

\*Are you a U.S. Citizen?

Yes  No

! If you are not a U.S. citizen, you can request a [replacement card](#) through your [local office](#) or by [mail](#).

Exit

[Privacy Policy](#) [Accessibility Help](#)

### 1.22.1. City and State/Country


#### 1.22.1.1. International

City/Town  Country

### 1.22.1.2. US

City/Town	State
<input type="text"/>	<input type="text" value="--"/>

### 1.23. Citizenship - Someone Else

 Social Security

Begin a Replacement Social Security Card Application Online and Finish In-Office

Online Social Security Card Application  
\*Indicates required information

**\*Are you an adult applying for**

Yourself  
 Someone else

**\*If you are applying for someone else, what is your name?**

\*First  Middle  \*Last  Suffix

**\*Are you changing the individual's date of birth, place of birth, citizenship, or parent's name?**

Yes  No

**\*Is the individual you are applying for an Adult (age 18 or over)?**

Yes  No

**\*What is the individual's date of birth?**

\*Month  \*Day  \*Year

**\*What is your relationship to the individual?**

Court Appointed Legal Guardian  
 Administrator of the Estate  
 State Agency or State Licensed Agency with Legal Custody  
 Individual who can Establish Relationship and Responsibility  
 None of the Above

**\*Individual's capabilities**  
Is the individual physically or mentally unable to file an application on his or her behalf?

Yes  No

**\*Are you requesting a name change for the individual?**

Yes  No

**\*Where is the individual's place of birth?**

U.S.  International

\*City/Town  \*Country

**\*Are you a U.S. Citizen?**

Yes  No

! If the individual is not a U.S. citizen, you can request a [replacement card](#) through your [local office](#) or by [mail](#).

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### 1.23.1. City and State/Country

#### 1.23.1.1. International

City/Town	Country
<input type="text" value="Accra"/>	<input type="text" value="Ghana"/>

#### 1.23.1.2. US

City/Town	State
<input type="text"/>	<input type="text" value="--"/>

#### 1.23.2. Exit

Your information will not be saved.

Do you still want to exit?

#### 1.23.3. Citizen Yes/No

Is the individual a U.S. Citizen?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

#### 1.23.4. Date Toggle Relationship

### 1.23.4.1. Relationship to Individual

▣ **What is your relationship to the individual?**

<input type="checkbox"/> Court Appointed Legal Guardian
<input type="checkbox"/> Administrator of the Estate
<input type="checkbox"/> State Agency or State Licensed Agency with Legal Custody
<input type="checkbox"/> Individual who can Establish Relationship and Responsibility
<input type="checkbox"/> None of the Above

▣ **Individual's capabilities**

Is the individual physically or mentally unable to file an application on his or her behalf?


<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

### 1.23.4.2. Applying for a Child

▣ **What is your relationship to and responsibility for the individual?**

<input type="checkbox"/> Court Appointed Legal Guardian
<input type="checkbox"/> Custodial Mother
<input type="checkbox"/> Custodial Father
<input type="checkbox"/> Administrator of Estate
<input type="checkbox"/> Relative with Custody of Child
<input type="checkbox"/> State Agency or State Licensed Agency with Legal Custody
<input type="checkbox"/> Individual who can Establish Relationship and Responsibility
<input type="checkbox"/> None of the Above

### 1.24. Relationship to Individual - Child

 Social Security

Begin a Replacement Social Security Card Application Online and Finish In-Office

Online Social Security Card Application

\*Indicates required information

**\*Are you an adult applying for**

Yourself

Someone else

**\*If you are applying for someone else, what is your name?**

First Middle Last Suffix

John [ ] Jean [ ] [ ] [ ]

**\*Are you changing the individual's date of birth, place of birth, citizenship, or parent's name?**

Yes  No

**\*Is the individual you are applying for an Adult (age 18 or over)?**

Yes  No

**\*What is the individual's date of birth?**

Month Day Year

January [ ] 01 [ ] 2002 [ ]

**\*What is your relationship to and responsibility for the individual?**

<input type="radio"/> Court Appointed Legal Guardian
<input type="radio"/> Custodial Mother
<input type="radio"/> Custodial Father
<input type="radio"/> Administrator of Estate
<input type="radio"/> Relative with Custody of Child
<input type="radio"/> State Agency or State Licensed Agency with Legal Custody
<input type="radio"/> Individual who can Establish Relationship and Responsibility
<input checked="" type="radio"/> None of the Above

**!** If you do not have a relationship to and responsibility for the individual you are applying for, you cannot continue this online process. Questions? Please call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778) or visit [www.ssa.gov](http://www.ssa.gov)

**\*Are you requesting a name change for the individual?**

Yes  No

**\*Where is the individual's place of birth?**

U.S.  International

City/Town State

[ ] [ ]

[Privacy Policy](#) [Accessibility Help](#)

#### 1.24.1. City and State/Country

### 1.24.1.1. US

City/Town	State
<input type="text"/>	<input type="text" value="--"/>

### 1.24.1.2. International

City/Town	Country
<input type="text"/>	<input type="text" value="--"/>

### 1.24.2. Citizen Yes/No

**Is the individual a U.S. Citizen?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

## 1.25. Relationship to Individual - Adult



Begin a Replacement Social Security Card Application Online and Finish In-Office

### Online Social Security Card Application

\*Indicates required information

\*Are you an adult applying for

Yourself  
 Someone else

\*If you are applying for someone else, what is your name?

First Middle Last Suffix  
John [ ] Jean [ ] [ ]

\*Are you changing the individual's date of birth, place of birth, citizenship, or parent's name?

Yes  No

\*Is the individual you are applying for an Adult (age 18 or over)?

Yes  No

\*What is the individual's date of birth?

Month Day Year  
January [ ] 01 [ ] 2001

\*What is your relationship to the individual?

Court Appointed Legal Guardian  
 Administrator of the Estate  
 State Agency  
 Individual with Custody  
 None of the Above

! If you do not have a relationship to and responsibility for the individual you are applying for, you cannot continue this online process. Questions? Please call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778) or visit [www.ssa.gov](http://www.ssa.gov)

\*Individual's capabilities

Is the individual physically or mentally unable to file an application on his or her behalf?

Yes  No

\*Are you requesting a name change for the individual?

Yes  No

\*Where is the individual's place of birth?

U.S.  International

City/Town State  
[ ] [ ]

Exit

[Privacy Policy](#) [Accessibility Help](#)

### 1.25.1. City and State/Country

#### 1.25.1.1. US

City/Town State  
[ ] [ ]

### 1.25.1.2. International


City/Town	Country
<input type="text"/>	<input type="text" value="--"/>

### 1.25.2. Citizen Yes/No

**Is the individual a U.S. Citizen?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

## 1.26. Individual's Capabilities

 Social Security

Begin a Replacement Social Security Card Application Online and Finish In-Office

Online Social Security Card Application  
\*Indicates required information

**\*Are you an adult applying for**

Yourself  
 Someone else

**\*If you are applying for someone else, what is your name?**

First Middle Last Suffix  
John [ ] Jean [ ] [ ] [ ]

**\*Are you changing the individual's date of birth, place of birth, citizenship, or parent's name?**

Yes  No

**\*Is the individual you are applying for an Adult (age 18 or over)?**

Yes  No

**\*What is the individual's date of birth?**

Month Day Year  
January [01] 2001

**\*What is your relationship to the individual?**

Court Appointed Legal Guardian  
 Administrator of the Estate  
 State Agency  
 Individual with Custody  
 None of the Above

**\*Individual's capabilities**  
Is the individual physically or mentally unable to file an application on his or her behalf?

Yes  No

**!** The individual you are applying for must apply for himself/herself. The individual can request a [replacement card](#) through a [local office](#) or by [mail](#).

**\*Are you requesting a name change for the individual?**

Yes  No

**\*Where is the individual's place of birth?**

U.S.  International

City/Town State  
[ ] [ ]

[Exit](#)

[Privacy Policy](#) [Accessibility Help](#)

### 1.26.1. City and State/Country

City/Town State

[ ] [ ]

### 1.26.1.1. International

City/Town	Country
<input type="text"/>	<input type="text" value="--"/>

### 1.26.2. Citizen Yes/No

**Is the individual a U.S. Citizen?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------



## 1.27. Information Notice



### Begin a Replacement Social Security Card Application Online and Finish In-Office

#### Online Social Security Card Application

\* Indicates required information

\*Are you an adult applying for

Yourself  
 Someone else

\*If you are applying for someone else, what is your name?

\*First Middle \*Last Suffix

\*Are you changing the individual's date of birth, place of birth, citizenship, or parent's name?

Yes  No

**i** You may not need to replace the individual's card when you change this information. However, if you need to replace the individual's card for other reasons, you may continue with the online replacement card request.

Please visit the individual's [local office](#) to change the date of birth, place of birth, citizenship, or parent's name.

\*Is the individual you are applying for an Adult (age 18 or over)?

Yes  No

\*What is the individual's date of birth?

\*Month \*Day \*Year

\*Are you requesting a name change for the individual?

Yes  No

\*Where is the individual's place of birth?

U.S.  International

\*City/Town \*State

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### 1.27.1. Citizen Yes/No

**Are you a U.S. Citizen?**  
 Yes  No

### 1.27.2. City and State/Country

### 1.27.2.1. US

City/Town	State
<input type="text"/>	<input type="text" value="--"/>

### 1.27.2.2. International

City/Town	Country
<input type="text"/>	<input type="text" value="--"/>

## 1.28. Error Summary



### Begin a Replacement Social Security Card Application Online and Finish In-Office

- ✖ Please correct the following information:**
- Error: Are you changing your date of birth, place of birth, citizenship, or parent's name?
  - Error: What is your date of birth? - Month
  - Error: What is your date of birth? - Day
  - Error: What is your date of birth? - Year
  - Error: Are you requesting a name change?
  - Error: What is your place of birth?

#### Online Social Security Card Application

\* Indicates required information

\*Are you an adult applying for

Yourself  
 Someone else

\*Are you changing your date of birth, place of birth, citizenship, or parent's name?

✖ This is a required field.

Yes  No

\*What is your date of birth?

✖ Month is a required field.

✖ Day is a required field.

✖ Year is a required field.

\*Month \*Day \*Year

-- --

\*Are you requesting a name change?

✖ This is a required field.

Yes  No

\*Where is your place of birth?

✖ This is a required field.

U.S.  International

City/Town

State

--

[Next](#) [Exit](#)

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### 1.28.1. Citizen Yes/No

▣ Are you a U.S. Citizen?

Yes  No

## 1.28.2. City and State/Country

### 1.28.2.1. US

City/Town	State
<input type="text"/>	<input type="text" value="--"/>

### 1.28.2.2. International

City/Town	Country
<input type="text"/>	<input type="text" value="--"/>

### 1.28.3. Exit

Your information will not be saved.

Do you still want to exit?