



DESIGN SPECIFICATIONS DOCUMENT

OSSNAP GUIDED JOURNEY 12/20/2019



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1.1. Learn More

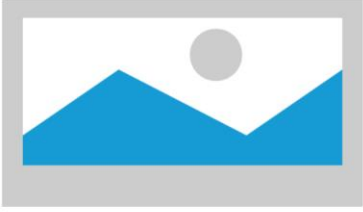
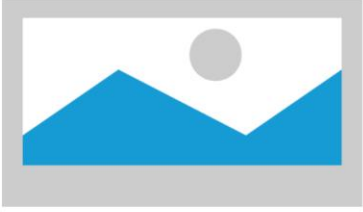
Social Security

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

Let us help you complete the application and select proper documentation

[Apply Here to Start the Online Application](#)

- Begin the replacement card application online.
- Visit the local office.
- Learn which documents are needed for a replacement card.



Do you need to visit your local office to complete your application?

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.

▼ What documentation do you need to bring?

▼ Print, mail or take your application to the Social Security office.

Are you eligible to apply via the online process and finish in-office?

- 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
- Applying on behalf of someone else (individual or child in your custody)

How do you use the online application process?

- Complete the application process online
- Visit the local office to provide proof of identity and other documents, if applicable

[Privacy Policy](#) [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. Visit www.socialsecurity.gov/number 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
Your identity	A current document showing your name, identifying information, and photograph, such as one of the following: <ul style="list-style-type: none"> U.S. passport/passport card; U.S. driver's license; or State-issued identification card. We may be able to accept your: <ul style="list-style-type: none"> Employer identification card; School identification card; Health insurance card (not Medicare card); or U.S. military identification card.
Your age	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: <ul style="list-style-type: none"> Religious record made before the age of 5 showing your date of birth; U.S. hospital record of your birth; or U.S. passport/passport card.
Your U.S. citizenship	One of the following documents: <ul style="list-style-type: none"> U.S. birth certificate; U.S. Consular Report of Birth Abroad; U.S. passport/passport card; Certificate of Naturalization; or Certificate of Citizenship.

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

Securing today and tomorrow

SocialSecurity.gov

Social Security Administration
Publication No. 05-10512 | 2/14 4/10/16 (Last of issue) — 142 (Date Issued)
March 2017 (January 2016 edition may be used)
U.S. Citizenship — 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 (solo disponible en inglés). Para obtener una lista de los estados participantes y otros requisitos visite 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
Su identidad	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"> Pasaporte de los EE. UU./tarjeta de pasaporte; Licencia de conducir de los EE. UU.; o Tarjeta de identificación emitida por un estado. Es posible que podamos aceptar su: <ul style="list-style-type: none"> Tarjeta de identificación de su empleador; Tarjeta de identificación estudiantil; Tarjeta de seguro de salud (que no sea la tarjeta de Medicare); o Tarjeta de identificación del servicio militar de los EE. UU.
Su edad	Partida de nacimiento de los EE. UU., (si una existe, tiene que presentarla). Si no existe una partida de nacimiento, podemos aceptar su: <ul style="list-style-type: none"> Registro religioso creado antes de los cinco años de edad que muestre su fecha de nacimiento; Registro de su nacimiento en un hospital de los EE. UU.; o Pasaporte de los EE. UU./tarjeta de pasaporte.
Su ciudadanía estadounidense	Uno de los siguientes documentos: <ul style="list-style-type: none"> Partida de nacimiento de los EE. UU.; Informe consular de los EE. UU. de nacimiento en el extranjero; Pasaporte de los EE. UU./tarjeta de pasaporte; Certificado de Naturalización; o Certificado de Ciudadanía.

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1-800-325-0778 (TTY)

Asegurando el presente y el futuro

SeguroSocial.gov

Social Security Administration
Publication No. 05-10512 | 2/14 4/10/16 (Last of issue) — 142 (Date Issued)
March 2017 (January 2016 edition may be used)
U.S. Citizenship — 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

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

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 1-800-325-0778 (TTY)
www.socialsecurity.gov

Securing today
and tomorrow

SocialSecurity.gov

Social Security Administration
 Publication No. 05-10514 | CN 475118 | List of Issue – 10 (one hundred)
 August 2017 (May 2016 edition may be used)
 U.S. Citizen/Child – Replacement Social Security Card
 Produced and published at U.S. taxpayer expense.

Printed on recycled paper

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"> • Tarjeta de identificación emitida por uno de los estados de los EE. UU.; • Pasaporte de los EE. UU.; • Decreto de adopción; • Expediente emitido por un doctor, clínica u hospital; • Registro religioso; • Registro de una escuela/guardería; o • Tarjeta de identificación estudiantil. <p>NOTA ACLARATORIA: 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	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: <ul style="list-style-type: none"> • Registro religioso creado antes de los cinco años de edad que muestre su fecha de nacimiento; • Registro de su nacimiento en un hospital de los EE. UU.; o • Pasaporte de los EE. UU.
La ciudadanía estadounidense de su niño	Uno de los siguientes documentos de su niño: <ul style="list-style-type: none"> • Partida de nacimiento de los EE. UU.; • Informe consular de los EE. UU. de nacimiento fuera de los EE. UU.; • Pasaporte de los EE. UU.; • Certificado de Naturalización; o • Certificado de Ciudadanía.
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"> • Licencia de conductor de los EE. UU.; • Tarjeta de identificación emitida por uno de los estados de los EE. UU.; o • Pasaporte de los EE. UU.

1-800-772-1213
 1-800-325-0778 (TTY)
www.segurosocial.gov

Asegurando el presente
y el futuro

SeguroSocial.gov

Social Security Administration
 Publication No. 05-10514 | CN 475118 | List of Issue – 10 (one hundred)
 August 2017 (May 2016 edition may be used)
 U.S. Citizen/Child – Replacement Social Security Card
 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
January 01 1983

*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
Baltimore Maryland

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

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

1.6.1. City and State/Country

1.6.1.1. US

City/Town State/Territory
Baltimore Maryland

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?

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

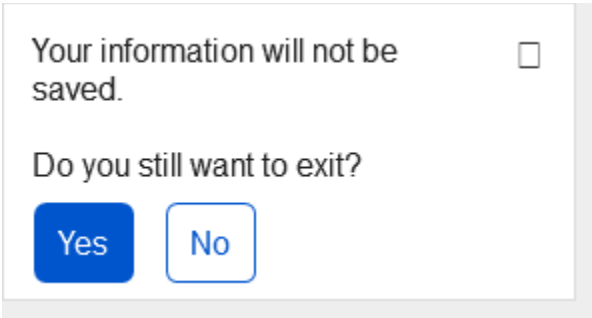
What is your daytime phone number?

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


[Next to Documentation](#)

[Edit](#)

[Exit](#)

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

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

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

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

1.12.1. City and State/Country

1.12.1.1. US

City/Town State

Baltimore Maryland

1.12.1.2. International


City/Town Country

1.12.2. Citizen Yes/No

Is the individual a U.S. Citizen?

Yes 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

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

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

1.15.1.2. Marriage Documentation

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

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"/>

1.15.2.2. 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?

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"/>

1.15.2.3. U.S. 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"/>

1.16. 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?

Month Day Year

What is the expiration date?

Month Day Year

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?

Month Day Year

What is the expiration date?

Month Day Year

1.16.1.3. 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

1.16.2. Court Custody Child Data

<p>State/Territory In which state or territory was your court custody document issued?</p> <input type="text"/>	<p>Document Number What is the document number?</p> <input type="text"/>	<p>Case Number What is the case number?</p> <input type="text"/>
<p>Court or Agency Name What is the court or agency's name?</p> <input type="text"/>	<p>Basis of Authority Is your basis for authority a letter or state ID?</p> <input type="checkbox"/> Letter <input type="checkbox"/> State ID	<p>Issue Date What is the issue date?</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 data-bbox="248 415 493 493" type="text"/>	<input data-bbox="513 415 638 493" type="text"/>	<input data-bbox="657 415 786 493" type="text"/>	<input data-bbox="834 415 1079 493" type="text"/>	<input data-bbox="1099 415 1224 493" type="text"/>	<input data-bbox="1243 415 1372 493" 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>Issue Date</p> <p>What is the issue date?</p> <p>Month Day Year</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Event Date</p> <p>What is the event date?</p> <p>Month Day Year</p> <input type="text"/> <input type="text"/> <input type="text"/>
<p>State/Territory</p> <p>In which state or territory was your divorce decree issued?</p> <input type="text"/>	
<p>What is the divorce decree record identification/filing number?</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?

What is the 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?

What is the 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



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

*Name Change Documentation for Adult

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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1.19.1. 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>Issue Date What is the issue date? Month Day Year <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Event Date What is the event date? Month Day Year <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>State/Territory 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

Case Number What is the case number? <input type="text"/>	Court or Agency Name What is the court or agency's name? <input type="text"/>	Issue Date What is the issue date? Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
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? <input type="text"/>	
State/Territory 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.

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

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

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

Previous

Exit

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

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

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

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

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

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](#).

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

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



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

***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](#)

1.24.1. 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

*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

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

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

--

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

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?