



# DESIGN SPECIFICATIONS DOCUMENT

## OSSNAP SCREEN PACKAGE

DRAFT



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## Design Specification Document Version Information

The first release of this design specifications document as a project deliverable is numbered 1.0.

Subsequent revisions are numbered 1.1, 1.2, 1.3, etc. Content revisions are listed below with corresponding page numbers.

<b>Version Number</b>	<b>Date</b>	<b>Content Revisions</b>	<b>Page #</b>	<b>Revised by</b>
0.1 (Draft)	10/6/21	First draft – B. Andrews		
1.0 (First Release)	10/15/21	Final draft – B. Andrews		
1.1 (First Revision)				
1.2 (Second Revision)				

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# 1. U.S. Original Self - Landing



## Social Security

### Use Our Online Service To Obtain A Social Security Number Card

#### Online Social Security Number Application

**Request a Social Security Number (SSN) card online and provide your documentation to the local Social Security Administration (SSA) office.**

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your request, provide your [local SSA office](#) with your documentation.

You must provide your information within **45 calendar days** of your request. If you are requesting an original card you must contact your local SSA office to set up an appointment to bring your documentation into the office. If you are requesting a replacement card, after you complete your online request, provide your original document(s) to your local office.

If you are requesting an original card, once we verify your Department of Homeland Security (DHS) document(s) and complete your request, you will receive the following information:

- Your original card in the mail **within 14 business days after verification of your document(s)**


If you are requesting a replacement card, once we receive your document(s) and complete your request, you will receive the following information:

- Your replacement card **within 14 business days**

Find out which document(s) are required for your **non-citizen original card**, **adult replacement card** or **child replacement card** request.

[Apply Now](#)

## 2. U.S. Original Self - Age 18 or Older

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\*You must be 18 or older to fill out this application. Are you 18 or older?**

Yes  No


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

[OMB No. 0960-0066](#) [Privacy Policy](#) [Privacy Act Statement](#) [Accessibility Help](#)

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## 2.1. U.S. Original Self - Age 18 or Older – No

\* The messaging and behavior in the screenshot below is the same in all paths and will not be shown in future paths.



The screenshot shows the Social Security website interface. At the top left is the Social Security logo. Below it is the heading "Use Our Online Service To Obtain a Social Security Number Card". The main content area is titled "Online Social Security Number Application" and includes a note: "\* Indicates required information". A required question is displayed: "\*You must be 18 or older to fill out this application. Are you 18 or older?". Below the question are two radio button options: "Yes" and "No", with "No" selected. A yellow warning banner contains the message: "ⓘ You must be age 18 or over fill out this application. You can request a Social Security Number card through a local office." At the bottom left of the form is a blue "Exit" button. The footer contains the OMB No. 0960-0066 and links for Privacy Policy, Privacy Act Statement, and Accessibility Help.

**Social Security**

Use Our Online Service To Obtain a Social Security Number Card

Online Social Security Number Application

\* Indicates required information

\*You must be 18 or older to fill out this application. Are you 18 or older?


Yes  No

ⓘ You must be age 18 or over fill out this application. You can request a [Social Security Number card](#) through a [local office](#).

[Exit](#)

OMB No. 0960-0066 [Privacy Policy](#) [Privacy Act Statement](#) [Accessibility Help](#)

### 3. U.S. Original Self - U.S. Mailing Address Available

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

**\* Do you have a U.S. mailing address?**  
This includes Fleet Post Office [FPO], Army Post Office [APO] and Diplomatic Post Office [DPO] addresses.

Yes  No

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

[OMB No. 0960-0066](#) [Privacy Policy](#) [Privacy Act Statement](#) [Accessibility Help](#)


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### 3.1. U.S. Original Self - U.S. Mailing Address Available – No

\* The messaging and behavior in the screenshot below is the same in all paths and will not be shown in future paths.

The screenshot shows the Social Security website interface. At the top left is the Social Security logo. Below it is the heading "Use Our Online Service To Obtain a Social Security Number Card". The main content area is titled "Online Social Security Number Application" and includes a note: "\* Indicates required information". A question is asked: "\* Do you have a U.S. mailing address?" with a sub-note: "This includes Fleet Post Office [FPO], Army Post Office [APO] and Diplomatic Post Office [DPO] addresses." Below the question are two radio buttons: "Yes" (unselected) and "No" (selected). A yellow error message box contains the text: "We're sorry. You must have a U.S. mailing address to request a Social Security number card online. You can request a Social Security number card through a local office." At the bottom left is a blue "Exit" button. At the bottom of the page are links for "OMB No. 0960-0066", "Privacy Policy", "Privacy Act Statement", and "Accessibility Help". A large "DRAFT" watermark is overlaid diagonally across the page.

## 4. U.S. Original Self - Have an SSN

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

**\* Does the person who the application is for already have a Social Security Number (SSN)?**


Yes  No

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

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## 5. U.S. Original Self - Citizenship

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

\* **Is the individual for whom you are applying a U.S. Citizen?**

Yes  No


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

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## 6. U.S. Original Self - Applying For

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

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


<input type="radio"/> Yourself
<input type="radio"/> Someone else

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

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## 7. U.S. Original Self - Date of Birth

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**


**Online Social Security Number Application**  
\* Indicates required information

**What is your date of birth?**  
\* Month    \* Day    \* Year

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## 8. U.S. Original Self - Place of Birth

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**Where is your place of birth?**  
 U.S.    International

\* City/Town   
\* State/Territory

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## 8.1. U.S. Original Self - Place of Birth - International

\* The behavior in the screenshot below is the same for all Place of Birth fields in all paths and will not be shown in future paths.

The screenshot shows the Social Security website interface for an online application. At the top left is the Social Security logo. Below it is the heading "Use Our Online Service To Obtain a Social Security Number Card". The main content area is titled "Online Social Security Number Application" and includes a note: "\* Indicates required information". The section "Where is your place of birth?" contains two radio buttons: "U.S." (unselected) and "International" (selected). Below this are two required fields: "City/Town" (a text input field) and "Country" (a dropdown menu with "--" selected). At the bottom of the form are three buttons: "Next" (highlighted in blue), "Previous", and "Exit". The footer contains links for "OMB No. 0960-0066", "Privacy Policy", "Privacy Act Statement", and "Accessibility Help". A large "DRAFT" watermark is overlaid diagonally across the page.

## 9. U.S. Original Self - Name

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**How should your name appear on the card?**

<small>* First</small>	Middle	<small>* Last</small>	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--"/>

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


\* Have you ever used any other names not listed above?  
 Yes  No

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## 9.1. U.S. Original Self – Name – Dynamic Content Expanded

\* The non-expanded Name page preceding this one will be shown in all paths due to wording differences, but the expanded content shown in the screenshot below is the same in all paths and will not be shown in future paths.



# Social Security

## Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**How should your name appear on the card?**

\* First Middle \* Last Suffix

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

Yes  No

**What was your name at birth?**

\* First Middle \* Last Suffix

\* Have you ever used any other names not listed above?

Yes  No

**What other name have you used?**

\* First Middle \* Last Suffix


**What alternate name have you used?**

First Middle Last Suffix

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

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## 10. U.S. Original Self - Sex

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

**\*What is your sex?**


Male  Female

**Next** Previous Exit

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## 11. U.S. Original Self - Parents Names



### Social Security

Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

\* Indicates required information

**\*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


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## 12. U.S. Original Self - U.S. Mailing Address

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**What is your mailing address?**  
Enter a valid U.S. address where the Social Security Administration can mail the card.

* Street Address	Apartment, Suite, Building, Etc.	
<input type="text"/>	<input type="text"/>	
* City/Town	* State/Territory	* ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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### 13. U.S. Original Self - U.S. Documentation



#### Use Our Online Service To Obtain a Social Security Number Card

##### Online Social Security Number Application

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

- You must provide 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a U.S. passport as proof of both citizenship and identity.

##### Social Security Number Documentation

\* Indicates required information

**\*Proof of Citizenship**

Please select one document from the list

<input type="radio"/> U.S. Public Birth Certificate
<input type="radio"/> Certification of Report of Birth (DS-1350)
<input type="radio"/> Consular Report of Birth Abroad (FS-240)
<input type="radio"/> Certification of Birth Abroad (FS-545)
<input type="radio"/> Certification of Naturalization (N-550/N570)
<input type="radio"/> U.S. Passport/Passport Card
<input type="radio"/> Certification of Citizenship (N-560/N561)
<input type="radio"/> Machine Readable Immigrant Visa (MRIV) showing a code of "IR3" or "IH3"
<input type="radio"/> U.S. Citizen Identification Card (I-179)
<input type="radio"/> American Indian Card (I-872) showing a class code of "KIC"
<input type="radio"/> Northern Mariana Card (I-873)
<input type="radio"/> Certificate Statement from a U.S. Consular Official
<input checked="" type="radio"/> None of the above

**\*Other Proof of Citizenship Options**

<input type="radio"/> U.S. Religious Record
<input type="radio"/> Final Adoption Decree showing a U.S. place of birth and the applicant's name
<input type="radio"/> Early School Record
<input type="radio"/> Military Record (DD-214)

**\*Proof of Identity**

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 checked="" type="radio"/> None of the above

**\* Other Proof of Identity 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 [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Immunization
<input type="radio"/> Adoption Combination of Documents
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)

**\*Proof of Age**

Please select one document from the list


<input type="radio"/> U.S. Public Birth Certificate
<input checked="" type="radio"/> None of the above

**\*Other Proof of Age Options**

<input type="radio"/> U.S. Hospital Record of Birth
<input type="radio"/> Report of Birth Abroad of a Citizen of the U.S. (FS-240)
<input type="radio"/> Certification of Birth (FS-545)
<input type="radio"/> Certification of Report of Birth (DS-1350)

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## 14. U.S. Original Self - Review and Edit

 **Social Security**


**Use Our Online Service To Obtain a Social Security Number Card**

### Review and Edit


Please review the answers you provided. If you need to make any changes, please select "Edit" to return to that part of the application and make the correction.

 **Age** Edit


You must be 18 or older to fill out this application. Are you 18 or older?: **Yes**

 **U.S. Mailing Address** Edit


Do you have a U.S. mailing address?: **Yes**

 **Social Security Number** Edit


Does the person who the application is for already have a Social Security Number (SSN)?: **No**

 **Citizenship Status** Edit


Is the individual for whom you are applying a U.S. citizen?: **Yes**

 **Applying For** Edit

Are you an adult applying for: **Yourself**

 **Date of Birth** Edit

What is your date of birth?: **January 1, 1980**

 **Place of Birth** Edit

Where is your place of birth?: **Fairhope, Alabama**

**✓ Name** Edit

How should your name appear on the new card?: **John Smith**

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

Have you ever used any other names not listed above?: **No**

**✓ Sex** Edit

What is your sex?: **Male**

**✓ Parent's Name** Edit

What is your parent/mother's birth name?: **Not Answered**

What is your parent/father's name?: **Not Answered**

**✓ U.S. Mailing Address and Phone Number** Edit

What is your mailing address?

Street Address: **123 Main St.**  
City/Town: **Anytown**  
State: **Alaska**  
ZIP Code: **12345**

What is your daytime phone number?: **Not Answered**

**✓ Documentation** Edit

Proof of Citizenship: **U.S. Public Birth Certificate**

Proof of Identity: **Certification of Report of Birth (DS-1350)**

Proof of Age: **U.S. Hospital Record of Birth**

**Next** Edit Exit

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## 15. U.S. Original Self - Attestation



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Next Steps

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

1. Gather the documentation you selected to provide as evidence to the [local SSA office](#).
2. Call your [local SSA office](#) for additional guidance for completing your application.

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

#### Electronic Signature

Please read and accept the following statement to finish the application.

I understand and agree that my application will be signed electronically, which is the legal equivalent of my handwritten signature, when I select the SUBMIT APPLICATION PACKAGE button below. I also understand that my electronic signature means that I intend to apply for an original SSN card and have provided the Social Security Administration with accurate information.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

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## 15.1. U.S. Original Self – Attestation – Acknowledgement Checked

\* The dynamic behavior shown in the screenshot below is the same in all paths and will not be shown in future paths.



# Social Security

## Use Our Online Service To Obtain a Social Security Number Card

### Next Steps

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

1. Gather the documentation you selected to provide as evidence to the [local SSA office](#).
2. Call your [local SSA office](#) for additional guidance for completing your application.

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

#### Electronic Signature

Please read and accept the following statement to finish the application.

I understand and agree that my application will be signed electronically, which is the legal equivalent of my handwritten signature, when I select the SUBMIT APPLICATION PACKAGE button below. I also understand that my electronic signature means that I intend to apply for an original SSN card and have provided the Social Security Administration with accurate information.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

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## 16. U.S. Original Self - Success



### Social Security

#### Use Our Online Service To Obtain a Social Security Number Card

OSSNAP 07/01/2021



#### COVID UPDATE

During the COVID-19 pandemic, you may be able to provide us an alternative identity evidence document other than what you selected in this application. Please see the Coronavirus (COVID-19) Updates on the public SSA website, for more information.



**The application has been successfully submitted! Your Online Control Number is O21271044914.**

#### As a reminder, the original card request is not complete.

In order for the card to be processed, gather the documents listed below and call your [local SSA office](#) for additional guidance for completing your application.

You have agreed to provide the following document(s):

1. U.S. Public Birth Certificate
2. Certification of Report of Birth (DS-1350)
3. U.S. Hospital Record of Birth

You will need to provide this documentation to the office or card center within **45 calendar days**.

We will use your address provided below if we need to contact you regarding your application. We will return the documents listed above back to the following address within 2-4 weeks.

123 Main St  
Anytown, Maryland 12345



#### Printing Assistance

Please provide your online control number and mailing address with your documentation.

#### I've got a printer.

- Print out this page with the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

#### I don't have a printer.

- Write down the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

Print

Done



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## 17. U.S. Original Someone Else Adult - Landing



Social Security

### Use Our Online Service To Obtain A Social Security Number Card

#### Online Social Security Number Application

**Request a Social Security Number (SSN) card online and provide your documentation to the local Social Security Administration (SSA) office.**

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your request, provide your [local SSA office](#) with your documentation.

You must provide your information within **45 calendar days** of your request. If you are requesting an original card you must contact your local SSA office to set up an appointment to bring your documentation into the office. If you are requesting a replacement card, after you complete your online request, provide your original document(s) to your local office.

If you are requesting an original card, once we verify your Department of Homeland Security (DHS) document(s) and complete your request, you will receive the following information:

- Your original card in the mail **within 14 business days after verification of your document(s)**

If you are requesting a replacement card, once we receive your document(s) and complete your request, you will receive the following information:

- Your replacement card **within 14 business days**

Find out which document(s) are required for your **non-citizen original card**, **adult replacement card** or **child replacement card** request.

[Apply Now](#)


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## 18. U.S. Original Someone Else Adult - Age 18 or Older

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\*You must be 18 or older to fill out this application. Are you 18 or older?**


Yes  No

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## 19. U.S. Original Someone Else Adult - U.S. Mailing Address Available

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

**\* Do you have a U.S. mailing address?**  
This includes Fleet Post Office [FPO], Army Post Office [APO] and Diplomatic Post Office [DPO] addresses.


Yes  No

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## 20. U.S. Original Someone Else Adult - Have an SSN

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Does the person who the application is for already have a Social Security Number (SSN)?**


Yes  No

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## 21. U.S. Original Someone Else Adult - Citizenship

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

**\* Is the individual for whom you are applying a U.S. Citizen?**


Yes  No

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## 22. U.S. Original Someone Else Adult - Applying For

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**


**Online Social Security Number Application**  
\* Indicates required information

**\*Are you an adult applying for**  
 Yourself  
 Someone else

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## 23. U.S. Original Someone Else Adult - Applying For Someone Else Name

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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

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


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## 24. U.S. Original Someone Else Adult – Individual’s Date of Birth

**Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**


**Online Social Security Number Application**  
\* Indicates required information

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

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## 25. U.S. Original Someone Else Adult - Relationship Adult

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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

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

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## 25.1. U.S. Original Someone Else Adult - Relationship Adult – None of the Above

\* The messaging and behavior in the screenshot below is the same in all Someone Else Adult/Child paths and will not be shown in future paths.



# Social Security

## Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\*Indicates required information

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


<input type="radio"/> Court Appointed Legal Guardian
<input type="radio"/> Administrator of Estate
<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).

[Exit](#)

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## 26. U.S. Original Someone Else Adult - Individual Capabilities

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\* Is the individual for whom you are applying physically or mentally able to file an application on his or her own?**

Yes  No

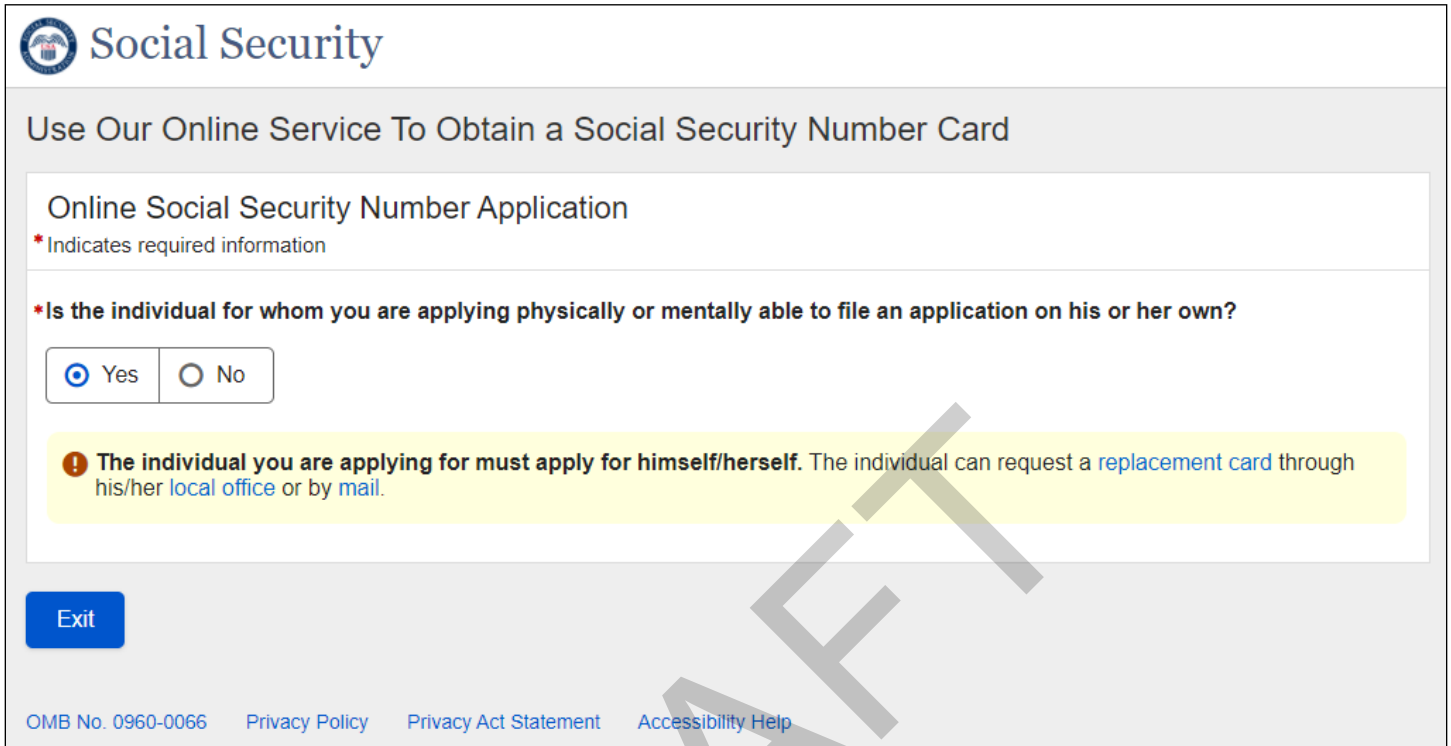
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## 26.1. U.S. Original Someone Else Adult - Individual Capabilities – Yes

\* The messaging and behavior in the screenshot below is the same in all Someone Else Adult paths and will not be shown in future paths.



The screenshot shows the Social Security website interface for applying for a Social Security Number Card. At the top left is the Social Security logo. Below it is the heading "Use Our Online Service To Obtain a Social Security Number Card". The main content area is titled "Online Social Security Number Application" and includes a note that an asterisk indicates required information. A question asks if the individual is physically or mentally able to file an application on their own, with "Yes" selected. A yellow warning box states that the individual must apply for themselves and can request a replacement card through a local office or by mail. An "Exit" button is located at the bottom left. At the bottom of the page are links for OMB No. 0960-0066, Privacy Policy, Privacy Act Statement, and Accessibility Help.

 Social Security

Use Our Online Service To Obtain a Social Security Number Card

Online Social Security Number Application

\* Indicates required information

\*Is the individual for whom you are applying physically or mentally able to file an application on his or her own?


Yes  No

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

[Exit](#)

[OMB No. 0960-0066](#) [Privacy Policy](#) [Privacy Act Statement](#) [Accessibility Help](#)

## 27. U.S. Original Someone Else Adult - Individual's Place of Birth

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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

U.S.    International

\* City/Town    \* State/Territory

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## 28. U.S. Original Someone Else Adult - Individual's Name

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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

<small>* First</small>	Middle	<small>* Last</small>	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--"/>


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

\* Has the individual ever used any other names not listed above?  
 Yes  No

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## 29. U.S. Original Someone Else Adult - Individual's Sex

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

Online Social Security Number Application

\* Indicates required information

**\*What is the individual's sex?**

Male  Female


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### 30. U.S. Original Someone Else Adult - Individual's Parents Names



## Social Security

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\*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

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## 31. U.S. Original Someone Else Adult - U.S. Mailing Address



### Social Security

Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

\* Indicates required information

**What is YOUR mailing address?**  
Enter a valid U.S. address where the Social Security Administration can mail the card.

\* 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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## 32. U.S. Original Someone Else Adult - Individual's U.S. Documentation



### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

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

- You must provide 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a U.S. passport as proof of both citizenship and identity.

#### Social Security Number Documentation

\* Indicates required information

##### \* Identity Documentation for you

Please select one document from the list

<input checked="" 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

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

##### \* In which state or territory was your drivers 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"/>

**\*Proof of Citizenship for the individual**

Please select one document from the list

<input type="radio"/> U.S. Public Birth Certificate
<input type="radio"/> Certification of Report of Birth (DS-1350)
<input type="radio"/> Consular Report of Birth Abroad (FS-240)
<input type="radio"/> Certification of Birth Abroad (FS-545)
<input type="radio"/> Certification of Naturalization (N-550/N570)
<input type="radio"/> U.S. Passport/Passport Card
<input type="radio"/> Certification of Citizenship (N-560/N561)
<input type="radio"/> Machine Readable Immigrant Visa (MRIV) showing a code of "IR3" or "IH3"
<input type="radio"/> U.S. Citizen Identification Card (I-179)
<input type="radio"/> American Indian Card (I-872) showing a class code of "KIC"
<input type="radio"/> Northern Mariana Card (I-873)
<input type="radio"/> Certificate Statement from a U.S. Consular Official
<input checked="" type="radio"/> None of the above

**\* Other Proof of Citizenship Options for the individual**

<input type="radio"/> U.S. Religious Record
<input type="radio"/> Final Adoption Decree showing a U.S. place of birth and the applicant's name
<input type="radio"/> Early School Record
<input type="radio"/> Military Record (DD-214)

**\*Proof of Identity 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 checked="" type="radio"/> None of the above

**\* Other Proof of Identity 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 [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Immunization
<input type="radio"/> Adoption Combination of Documents
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)

**\* Proof of Age for the individual**

Please select one document from the list

<input type="radio"/> U.S. Public Birth Certificate
<input checked="" type="radio"/> None of the above

**\* Other Proof of Age Options for the individual**

<input type="radio"/> U.S. Hospital Record of Birth
<input type="radio"/> Report of Birth Abroad of a Citizen of the U.S. (FS-240)
<input type="radio"/> Certification of Birth (FS-545)
<input type="radio"/> Certification of Report of Birth (DS-1350)

**\*Custody and Responsibility Documentation**

Please select one document from the list

<input checked="" type="radio"/> Court custody documentation
<input type="radio"/> Letter from state social service placing the individual in your household
<input type="radio"/> Other document(s) that show your relationship and responsibility

**What is the issue date?**

\*Month      \*Day      \*Year

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

**\*What is the court or agency's name?**

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

**What is the document number?**

**What is the case number?**

**Is your basis for authority a letter or state ID?**

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

**\*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)
--

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## 32.1. U.S. Original Someone Else Adult - Individual's U.S. Documentation – State-issued non-driver identification card

\* In the Identity Documentation for you field in the screenshot below, State-Issued non-driver identification card dynamic fields are the same in all paths and will not be shown in future paths.



### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

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

- You must provide 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a U.S. passport as proof of both citizenship and identity.

#### Social Security Number Documentation

\* Indicates required information

##### \* Identity Documentation for you

Please select one document from the list

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

##### \* 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"/>

## 32.2. U.S. Original Someone Else Adult - Individual's U.S. Documentation – U.S. Passport

\* In the Identity Documentation for you field in the screenshot below, U.S. Passport dynamic fields are the same in all paths and will not be shown in future paths.



### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

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

- You must provide 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a U.S. passport as proof of both citizenship and identity.

#### Social Security Number 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 checked="" type="radio"/> U.S. passport
<input type="radio"/> None of the above

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

##### What is the issue date?

*Month	*Day	*Year
<input type="text" value="--"/>	<input type="text" value="--"/>	<input type="text"/>

##### What is the expiration date?

*Month	*Day	*Year
<input type="text" value="--"/>	<input type="text" value="--"/>	<input type="text"/>



## 32.3. U.S. Original Someone Else Adult - Individual's U.S. Documentation – None of the Above

\* In the Identity Documentation for you field in the screenshot below, None of the Above dynamic fields are the same in all paths and will not be shown in future paths.



### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

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

- You must provide 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a U.S. passport as proof of both citizenship and identity.

#### Social Security Number 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
<input checked="" type="radio"/> None of the above

##### \* 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 [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Immunization
<input type="radio"/> Adoption Combination of Documents
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)


### 33. U.S. Original Someone Else Adult - Review and Edit

 **Social Security**


#### Use Our Online Service To Obtain a Social Security Number Card

#### Review and Edit


Please review the answers you provided. If you need to make any changes, please select "Edit" to return to that part of the application and make the correction.

 **Age** Edit


You must be 18 or older to fill out this application. Are you 18 or older?: **Yes**

 **U.S. Mailing Address** Edit


Do you have a U.S. mailing address?: **Yes**

 **Social Security Number** Edit


Does the person who the application is for already have a Social Security Number (SSN)?: **No**

 **Citizenship Status** Edit

Is the individual for whom you are applying a U.S. citizen?: **Yes**

 **Applying For** Edit

Are you an adult applying for: **Someone Else**

 **Your Name** Edit

If you are applying for someone else, what is YOUR name?: **John Smith**

<input checked="" type="checkbox"/> <b>Date of Birth</b>	<a href="#">Edit</a>
What is the individual's date of birth?: <b>January 1, 1980</b>	
<input checked="" type="checkbox"/> <b>Relationship</b>	<a href="#">Edit</a>
What is YOUR relationship to the individual?: <b>Court Appointed Legal Guardian</b>	
<input checked="" type="checkbox"/> <b>Individual's Capability</b>	<a href="#">Edit</a>
Is the individual for whom you are applying physically or mentally able to file an application on his or her own?: <b>No</b>	
<input checked="" type="checkbox"/> <b>Place of Birth</b>	<a href="#">Edit</a>
Where is the individual's place of birth?: <b>Fairhope, Alabama</b>	
<input checked="" type="checkbox"/> <b>Name</b>	<a href="#">Edit</a>
How should the individual's name appear on the new card?: <b>Jake Smith</b>	
Is the name above the individual's full name at birth?: <b>Yes</b>	
Has the individual ever used any other names not listed above?: <b>No</b>	

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**✔ Sex** Edit

What is the individual's sex?: **Male**

**✔ Parent's Name** Edit

What is the individual's parent/mother's birth name?: **Not Answered**

What is the individual's parent/father's name?: **Not Answered**

**✔ U.S. Mailing Address and Phone Number** Edit

What is YOUR mailing address?

Street Address: **123 Main St.**  
City/Town: **Anytown**  
State: **Alaska**  
ZIP Code: **12345**

What is your daytime phone number?: **Not Answered**

**✔ Documentation** Edit

Identity Documentation for You: **U.S. driver's license**

Proof of Citizenship for the individual: **U.S. Public Birth Certificate**

Proof of Identity for the individual: **Certification of Report of Birth (DS-1350)**

Proof of Age for the individual: **U.S. Hospital Record of Birth**

Custody and Responsibility Documentation: **Other document(s) that show 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)**

**Next** Edit Exit

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## 34. U.S. Original Someone Else Adult - Attestation



### Use Our Online Service To Obtain a Social Security Number Card

#### Next Steps

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

1. Gather the documentation you selected to provide as evidence to the [local SSA office](#).
2. Call your [local SSA office](#) for additional guidance for completing your application.

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

#### Electronic Signature

Please read and accept the following statement to finish the application.

I understand and agree that my application will be signed electronically, which is the legal equivalent of my handwritten signature, when I select the SUBMIT APPLICATION PACKAGE button below. I also understand that my electronic signature means that I intend to apply for an original SSN card and have provided the Social Security Administration with accurate information.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

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## 35. U.S. Original Someone Else Adult - Success



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

OSSNAP 07/01/2021

#### COVID UPDATE

During the COVID-19 pandemic, you may be able to provide us an alternative identity evidence document other than what you selected in this application. Please see the Coronavirus (COVID-19) Updates on the public SSA website, for more information.

#### The application has been successfully submitted! Your Online Control Number is O21271044914.

##### As a reminder, the original card request is not complete.

In order for the card to be processed, gather the documents listed below and call your [local SSA office](#) for additional guidance for completing your application.

You have agreed to provide the following document for yourself:

1. U.S. driver's license

You have agreed to provide the following document(s) for the individual:

1. Court custody documentation
2. Documentation that the individual is physically or mentally unable to file an application on his or her behalf (e.g., doctor's certification)
3. Health insurance identification card

You will need to provide this documentation to the office or card center within **45 calendar days**.

We will use your address provided below if we need to contact you regarding your application. We will return the documents listed above back to the following address within 2-4 weeks.

123 Main St  
Anytown, Maryland 12345

#### Printing Assistance

Please provide your online control number and mailing address with your documentation.

##### I've got a printer.

- Print out this page with the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

##### I don't have a printer.

- Write down the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

Print Done

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## 36. U.S. Original Someone Else Child - Landing



Social Security

### Use Our Online Service To Obtain A Social Security Number Card

#### Online Social Security Number Application

**Request a Social Security Number (SSN) card online and provide your documentation to the local Social Security Administration (SSA) office.**

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your request, provide your [local SSA office](#) with your documentation.

You must provide your information within **45 calendar days** of your request. If you are requesting an original card you must contact your local SSA office to set up an appointment to bring your documentation into the office. If you are requesting a replacement card, after you complete your online request, provide your original document(s) to your local office.

If you are requesting an original card, once we verify your Department of Homeland Security (DHS) document(s) and complete your request, you will receive the following information:

- Your original card in the mail **within 14 business days after verification of your document(s)**

If you are requesting a replacement card, once we receive your document(s) and complete your request, you will receive the following information:

- Your replacement card **within 14 business days**


Find out which document(s) are required for your **non-citizen original card**, **adult replacement card** or **child replacement card** request.

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## 37. U.S. Original Someone Else Child - Age 18 or Older

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information


**\*You must be 18 or older to fill out this application. Are you 18 or older?**  
 Yes  No

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## 38. U.S. Original Someone Else Child - U.S. Mailing Address Available

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

**\* Do you have a U.S. mailing address?**  
This includes Fleet Post Office [FPO], Army Post Office [APO] and Diplomatic Post Office [DPO] addresses.


Yes  No

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### 39. U.S. Original Someone Else Child - Have an SSN

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

\* Indicates required information

**\* Does the person who the application is for already have a Social Security Number (SSN)?**


Yes  No

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## 40. U.S. Original Someone Else Child - Citizenship

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Is the individual for whom you are applying a U.S. Citizen?**


Yes  No

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## 41. U.S. Original Someone Else Child - Applying For

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

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


<input type="radio"/> Yourself
<input type="radio"/> Someone else

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## 42. U.S. Original Someone Else Child - Applying For Someone Else Name

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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


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

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### 43. U.S. Original Someone Else Child – Individual’s Date of Birth

**Social Security**

Use Our Online Service To Obtain a Social Security Number Card

**Online Social Security Number Application**  
\* Indicates required information

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

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## 44. U.S. Original Someone Else Child - Relationship Child

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\* 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 type="radio"/> None of the Above

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## 45. U.S. Original Someone Else Child - Individual's Place of Birth

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information


**Where is the individual's place of birth?**  
 U.S.    International

\* City/Town   
\* State/Territory

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## 46. U.S. Original Someone Else Child - Individual's Name

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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

<small>* First</small>	Middle	<small>* Last</small>	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--"/>

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

\* Has the individual ever used any other names not listed above?  
 Yes  No

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## 47. U.S. Original Someone Else Child - Individual's Sex



Social Security

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

\*What is the individual's sex?

Male

Female

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## 48. U.S. Original Someone Else Child - Individual's Parents Names



# Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

\* Indicates required information

**\*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

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## 49. U.S. Original Someone Else Child - U.S. Mailing Address



### Social Security

Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

\* Indicates required information

**What is YOUR mailing address?**  
Enter a valid U.S. address where the Social Security Administration can mail the card.

\* 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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## 50. U.S. Original Someone Else Child - Individual's U.S. Documentation



### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

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

- You must provide 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a U.S. passport as proof of both citizenship and identity.

#### Social Security Number Documentation

\* Indicates required information

##### \* Identity Documentation for you

Please select one document from the list

<input checked="" 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

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

##### \* In which state or territory was your drivers 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"/>

**\*Proof of Citizenship for the individual**

Please select one document from the list

<input type="radio"/> U.S. Public Birth Certificate
<input type="radio"/> Certification of Report of Birth (DS-1350)
<input type="radio"/> Consular Report of Birth Abroad (FS-240)
<input type="radio"/> Certification of Birth Abroad (FS-545)
<input type="radio"/> Certification of Naturalization (N-550/N570)
<input type="radio"/> U.S. Passport/Passport Card
<input type="radio"/> Certification of Citizenship (N-560/N561)
<input type="radio"/> Machine Readable Immigrant Visa (MRIV) showing a code of "IR3" or "IH3"
<input type="radio"/> U.S. Citizen Identification Card (I-179)
<input type="radio"/> American Indian Card (I-872) showing a class code of "KIC"
<input type="radio"/> Northern Mariana Card (I-873)
<input type="radio"/> Certificate Statement from a U.S. Consular Official
<input checked="" type="radio"/> None of the above

**\* Other Proof of Citizenship Options for the individual**

<input type="radio"/> U.S. Religious Record
<input type="radio"/> Final Adoption Decree showing a U.S. place of birth and the applicant's name
<input type="radio"/> Early School Record
<input type="radio"/> Military Record (DD-214)

**\*Proof of Identity 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 checked="" type="radio"/> None of the above

**\* Other Proof of Identity 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 [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Immunization
<input type="radio"/> Adoption Combination of Documents
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)

**\* Proof of Age for the individual**

Please select one document from the list

<input type="radio"/> U.S. Public Birth Certificate
<input checked="" type="radio"/> None of the above

**\* Other Proof of Age Options for the individual**

<input type="radio"/> U.S. Hospital Record of Birth
<input type="radio"/> Report of Birth Abroad of a Citizen of the U.S. (FS-240)
<input type="radio"/> Certification of Birth (FS-545)
<input type="radio"/> Certification of Report of Birth (DS-1350)



**\*Custody and Responsibility Documentation**

Please select one document from the list

<input checked="" 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 individual 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

**What is the issue date?**

\*Month      \*Day      \*Year

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

**\*What is the court or agency's name?**

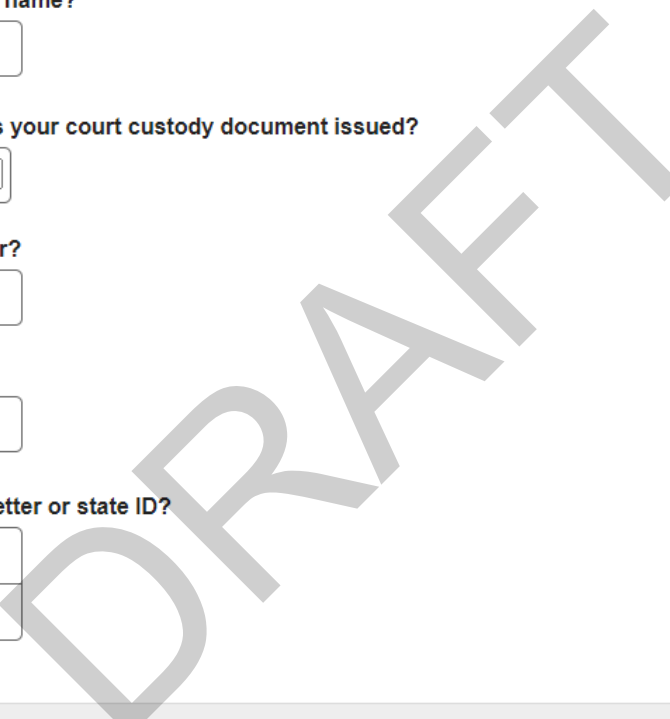
**In which state or territory was your court custody document issued?**

**What is the document number?**

**What is the case number?**

**Is your basis for authority a letter or state ID?**

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



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## 51. U.S. Original Someone Else Child - Review and Edit

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

### Review and Edit

Please review the answers you provided. If you need to make any changes, please select "Edit" to return to that part of the application and make the correction.

 **Age** Edit

You must be 18 or older to fill out this application. Are you 18 or older?: **Yes**

 **U.S. Mailing Address** Edit

Do you have a U.S. mailing address?: **Yes**

 **Social Security Number** Edit

Does the person who the application is for already have a Social Security Number (SSN)?: **No**

 **Citizenship Status** Edit

Is the individual for whom you are applying a U.S. citizen?: **Yes**

 **Applying For** Edit

Are you an adult applying for: **Someone Else**

 **Your Name** Edit

If you are applying for someone else, what is YOUR name?: **John Smith**

<input checked="" type="checkbox"/> <b>Date of Birth</b>	<a href="#">Edit</a>
What is the individual's date of birth?: <b>January 1, 2017</b>	
<input checked="" type="checkbox"/> <b>Relationship</b>	<a href="#">Edit</a>
What is YOUR relationship to and responsibility for the individual?: <b>Custodial Father</b>	
<input checked="" type="checkbox"/> <b>Place of Birth</b>	<a href="#">Edit</a>
Where is the individual's place of birth?: <b>Fairhope, Alabama</b>	
<input checked="" type="checkbox"/> <b>Name</b>	<a href="#">Edit</a>
How should the individual's name appear on the new card?: <b>Jake Smith</b>	
Is the name above the individual's full name at birth?: <b>Yes</b>	
Has the individual ever used any other names not listed above?: <b>No</b>	

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**✔ Sex** Edit

What is the individual's sex?: **Male**

**✔ Parent's Name** Edit

What is the individual's parent/mother's birth name?: **Not Answered**

What is the individual's parent/father's name?: **Not Answered**

**✔ U.S. Mailing Address and Phone Number** Edit

What is YOUR mailing address?

Street Address: **123 Main St.**  
City/Town: **Anytown**  
State: **Alaska**  
ZIP Code: **12345**

What is your daytime phone number?: **Not Answered**

**✔ Documentation** Edit

Identity Documentation for You: **U.S. driver's license**

Proof of Citizenship for the individual: **U.S. Public Birth Certificate**

Proof of Identity for the individual: **Certification of Report of Birth (DS-1350)**

Proof of Age for the individual: **U.S. Hospital Record of Birth**

Custody and Responsibility Documentation: **Court custody documentation**

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## 52. U.S. Original Someone Else Child - Attestation



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Next Steps

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

1. Gather the documentation you selected to provide as evidence to the [local SSA office](#).
2. Call your [local SSA office](#) for additional guidance for completing your application.

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

#### Electronic Signature

Please read and accept the following statement to finish the application.

I understand and agree that my application will be signed electronically, which is the legal equivalent of my handwritten signature, when I select the SUBMIT APPLICATION PACKAGE button below. I also understand that my electronic signature means that I intend to apply for an original SSN card and have provided the Social Security Administration with accurate information.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

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## 53. U.S. Original Someone Else Child - Success



### Social Security

#### Use Our Online Service To Obtain a Social Security Number Card

OSSNAP 07/01/2021

#### COVID UPDATE

During the COVID-19 pandemic, you may be able to provide us an alternative identity evidence document other than what you selected in this application. Please see the Coronavirus (COVID-19) Updates on the public SSA website, for more information.

#### The application has been successfully submitted! Your Online Control Number is O21271044914.

##### As a reminder, the original card request is not complete.

In order for the card to be processed, gather the documents listed below and call your [local SSA office](#) or card center for additional guidance for completing your application.

You have agreed to provide the following document for yourself:

1. U.S. driver's license

You have agreed to provide the following document(s) for the individual:

1. Court custody documentation
2. Documentation that the individual is physically or mentally unable to file an application on his or her behalf (e.g., doctor's certification)
3. Health insurance identification card

You will need to provide this documentation to the office or card center within **45 calendar days**.

We will use your address provided below if we need to contact you regarding your application. We will return the documents listed above back to the following address within 2-4 weeks.

123 Main St  
Anytown, Maryland 12345

#### Printing Assistance

Please provide your online control number and mailing address with your documentation.

##### I've got a printer.

- Print out this page with the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

##### I don't have a printer.

- Write down the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

Print Done

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## 54. U.S. Replacement Self - Landing



Social Security

### Use Our Online Service To Obtain A Social Security Number Card

#### Online Social Security Number Application

**Request a Social Security Number (SSN) card online and provide your documentation to the local Social Security Administration (SSA) office.**

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your request, provide your [local SSA office](#) with your documentation.

You must provide your information within **45 calendar days** of your request. If you are requesting an original card you must contact your local SSA office to set up an appointment to bring your documentation into the office. If you are requesting a replacement card, after you complete your online request, provide your original document(s) to your local office.

If you are requesting an original card, once we verify your Department of Homeland Security (DHS) document(s) and complete your request, you will receive the following information:

- Your original card in the mail **within 14 business days after verification of your document(s)**

If you are requesting a replacement card, once we receive your document(s) and complete your request, you will receive the following information:

- Your replacement card **within 14 business days**

Find out which document(s) are required for your **non-citizen original card**, **adult replacement card** or **child replacement card** request.

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## 55. U.S. Replacement Self - Age 18 or Older

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\*You must be 18 or older to fill out this application. Are you 18 or older?**


Yes  No

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## 56. U.S. Replacement Self - U.S. Mailing Address Available

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

**\* Do you have a U.S. mailing address?**  
This includes Fleet Post Office [FPO], Army Post Office [APO] and Diplomatic Post Office [DPO] addresses.


Yes  No

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## 57. U.S. Replacement Self - Have an SSN

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Does the person who the application is for already have a Social Security Number (SSN)?**


Yes  No

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## 58. U.S. Replacement Self - Citizenship

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Is the individual for whom you are applying a U.S. Citizen?**


Yes  No

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## 59. U.S. Replacement Self - Applying For

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

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


<input type="radio"/> Yourself
<input type="radio"/> Someone else

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## 60. U.S. Replacement Self - Date of Birth

**Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**


**Online Social Security Number Application**  
\* Indicates required information

**What is your date of birth?**  
\* Month      \* Day      \* Year

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## 61. U.S. Replacement Self - Name Change

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Are you requesting a name change?**


Yes  No

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## 62. U.S. Replacement Self - Place of Birth

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**Where is your place of birth?**  
 U.S.  International


\* City/Town   
\* State/Territory

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## 63. U.S. Replacement Self - SSN

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information


\* **What is your Social Security Number (SSN)?**

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## 64. U.S. Replacement Self - Name

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**How should your name appear on the card?**

<small>*First</small>	<small>Middle</small>	<small>*Last</small>	<small>Suffix</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--"/>


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

\*Have you used any other names not listed above?  
 Yes  No

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## 65. U.S. Replacement Self - Parents Names



### Social Security

Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

\* Indicates required information

**\*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

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## 66. U.S. Replacement Self - U.S. Mailing Address



# Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

\* Indicates required information

**What is your mailing address?**  
Enter a valid U.S. address where the Social Security Administration can mail the card.

\* 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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## 67. U.S. Replacement Self - U.S. Documentation



Social Security

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application



#### What you need to know about documentation

- You must provide 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a U.S. passport as proof of both citizenship and identity.
- If U.S. citizenship has not already been established with us, we will need to see proof of citizenship.

### Social Security Number Documentation

\*Indicates required information

#### \*Identity Documentation

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

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## 68. U.S. Replacement Self - U.S. Documentation - Name Change



### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

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

- You must provide 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a U.S. passport as proof of both citizenship and identity.
- If U.S. citizenship has not already been established with us, we will need to see proof of citizenship.

#### Social Security Number 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 for You

Please select one document from the list

<input type="radio"/> Amended birth certificate
<input type="radio"/> Court order for name change

<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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## 68.1. U.S. Replacement Self - U.S. Documentation - Name Change – Amended Birth Certificate

\* In the Name Change Documentation for You field in the screenshot below, Amended Birth Certificate dynamic fields are the same in all paths and will not be shown in future paths.

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

<input checked="" 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

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

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

**What is the issue date?**

\*Month      \*Day      \*Year

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

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## 68.2. U.S. Replacement Self - U.S. Documentation - Name Change – Court Order for a Name Change

\* In the Name Change Documentation for You field in the screenshot below, Court order for a name change dynamic fields are the same in all paths and will not be shown in future paths.

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

<input type="radio"/> Amended birth certificate
<input checked="" type="radio"/> Court order for a name change
<input type="radio"/> Marriage document/U.S. only
<input type="radio"/> Divorce decree

**What is the event date?**  
\*Month      \*Day      \*Year

**\*In which state or territory was your court order issued?**

**What was your former name?**

\*First      Middle      \*Last      Suffix

**What is your new name?**

\*First      Middle      \*Last      Suffix

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### 68.3. U.S. Replacement Self - U.S. Documentation - Name Change – Marriage Document/U.S. only

\* In the Name Change Documentation for You field in the screenshot below, Marriage document/U.S. only dynamic fields are the same in all paths and will not be shown in future paths.

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

<input type="radio"/> Amended birth certificate
<input type="radio"/> Court order for a name change
<input checked="" type="radio"/> Marriage document/U.S. only
<input type="radio"/> Divorce decree

**What is the issue date?**  
\*Month \*Day \*Year  
-- --

**What is the event date?**  
\*Month \*Day \*Year  
-- --

**\*In which state or territory was your marriage document issued?**  
--

**What is the marriage record identification/filing number?**  
[Text Input Field]

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## 68.4. U.S. Replacement Self - U.S. Documentation - Name Change – Divorce decree

\* In the Name Change Documentation for You field in the screenshot below, Divorce decree dynamic fields are the same in all paths and will not be shown in future paths.

**\* Name Change Documentation for You**  
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 checked="" type="radio"/> Divorce decree

**What is the issue date?**  
\*Month \*Day \*Year

**What is the event date?**  
\*Month \*Day \*Year

**\*In which state or territory was your divorce decree issued?**

**What is the divorce decree record identification/filing number?**

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## 69. U.S. Replacement Self - Review and Edit



### Social Security

#### Use Our Online Service To Obtain a Social Security Number Card

##### Review and Edit

Please review the answers you provided. If you need to make any changes, please select "Edit" to return to that part of the application and make the correction.

**Age**

[Edit](#)

You must be 18 or older to fill out this application. Are you 18 or older?: **Yes**

**U.S. Mailing Address**

[Edit](#)

Do you have a U.S. mailing address?: **Yes**

**Social Security Number**

[Edit](#)

Does the person who the application is for already have a Social Security Number (SSN)?: **Yes**

**Citizenship Status**

[Edit](#)

Is the individual for whom you are applying a U.S. citizen?: **Yes**

**Applying For**

[Edit](#)

Are you an adult applying for: **Yourself**

**Date of Birth**

[Edit](#)

What is your date of birth?: **January 1, 1980**

**Name Change**

[Edit](#)

Are you requesting a name change?: **No**

**✔ Place of Birth** Edit

Where is your place of birth?: **Fairhope, Alabama**

**✔ Assigned Social Security Number** Edit

What is your Social Security Number (SSN)?: **123-45-8976**

**✔ Name** Edit

How should your name appear on the new card?: **John Smith**

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

Have you used any other names not listed above?: **No**

**✔ Parent's Name** Edit

What is your parent/mother's birth name?: **Not Answered**

What is your parent/father's name?: **Not Answered**

**✔ U.S. Mailing Address and Phone Number** Edit

What is your mailing address?

Street Address: **123 Main St.**  
City/Town: **Anytown**  
State: **Alaska**  
ZIP Code: **12345**

What is your daytime phone number?: **Not Answered**

**✔ Documentation** Edit

Identity Documentation: **Health insurance identification card**

**Next** Edit Exit

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## 70. U.S. Replacement Self - Attestation



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Next Steps

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

1. Gather the documentation you selected to provide as evidence to the [local SSA office](#).
2. Call your [local SSA office](#) for additional guidance for completing your application.

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

#### Electronic Signature

Please read and accept the following statement to finish the application.

I understand and agree that my application will be signed electronically, which is the legal equivalent of my handwritten signature, when I select the SUBMIT APPLICATION PACKAGE button below. I also understand that my electronic signature means that I intend to apply for a replacement SSN card and have provided the Social Security Administration with accurate information.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

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## 71. U.S. Replacement Self - Success



### Social Security

#### Use Our Online Service To Obtain a Social Security Number Card

OSSNAP 07/01/2021

##### COVID UPDATE

During the COVID-19 pandemic, you may be able to provide us an alternative identity evidence document other than what you selected in this application. Please see the Coronavirus (COVID-19) Updates on the public SSA website, for more information.

##### The application has been successfully submitted! Your Online Control Number is O21271044914.

###### As a reminder, the replacement card request is not complete.

In order for the card to be processed, gather the documents listed below and call your [local SSA office](#) for additional guidance for completing your application.

You have agreed to provide the following document(s):

1. U.S. driver's license
2. Marriage document/U.S. only

You will need to provide this documentation to the office or card center within **45 calendar days**.

We will use your address provided below if we need to contact you regarding your application. We will return the documents listed above back to the following address within 2-4 weeks.

123 Main St  
Anytown, Maryland 12345

##### Printing Assistance

Please provide your online control number and mailing address with your documentation.

###### I've got a printer.

- Print out this page with the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

###### I don't have a printer.

- Write down the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

Print

Done

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## 72. U.S. Replacement Someone Else Adult - Landing



Social Security

### Use Our Online Service To Obtain A Social Security Number Card

#### Online Social Security Number Application

**Request a Social Security Number (SSN) card online and provide your documentation to the local Social Security Administration (SSA) office.**

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your request, provide your [local SSA office](#) with your documentation.

You must provide your information within **45 calendar days** of your request. If you are requesting an original card you must contact your local SSA office to set up an appointment to bring your documentation into the office. If you are requesting a replacement card, after you complete your online request, provide your original document(s) to your local office.

If you are requesting an original card, once we verify your Department of Homeland Security (DHS) document(s) and complete your request, you will receive the following information:

- Your original card in the mail **within 14 business days after verification of your document(s)**

If you are requesting a replacement card, once we receive your document(s) and complete your request, you will receive the following information:


- Your replacement card **within 14 business days**

Find out which document(s) are required for your **non-citizen original card**, **adult replacement card** or **child replacement card** request.

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## 73. U.S. Replacement Someone Else Adult - Age 18 or Older

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\*You must be 18 or older to fill out this application. Are you 18 or older?**


Yes  No

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## 74. U.S. Replacement Someone Else Adult - U.S. Mailing Address Available

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\* Do you have a U.S. mailing address?**  
This includes Fleet Post Office [FPO], Army Post Office [APO] and Diplomatic Post Office [DPO] addresses.


Yes  No

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## 75. U.S. Replacement Someone Else Adult - Have an SSN

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

**\* Does the person who the application is for already have a Social Security Number (SSN)?**


Yes  No

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## 76. U.S. Replacement Someone Else Adult - Citizenship

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

**\* Is the individual for whom you are applying a U.S. Citizen?**


Yes  No

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## 77. U.S. Replacement Someone Else Adult - Applying For

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**


**Online Social Security Number Application**  
\* Indicates required information

**\*Are you an adult applying for**  
 Yourself  
 Someone else

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## 78. U.S. Replacement Someone Else Adult - Applying For Someone Else Name

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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


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

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## 79. U.S. Replacement Someone Else Adult – Individual’s Date of Birth

**Social Security**

Use Our Online Service To Obtain a Social Security Number Card

**Online Social Security Number Application**  
\* Indicates required information


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

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## 80. U.S. Replacement Someone Else Adult - Relationship Adult

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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


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

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## 81. U.S. Replacement Someone Else Adult - Individual Capabilities

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Is the individual for whom you are applying physically or mentally able to file an application on his or her own?**


Yes  No

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## 82. U.S. Replacement Someone Else Adult - Name Change

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

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


Yes  No

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### 83. U.S. Replacement Someone Else Adult - Individual's Place of Birth

**Social Security**

Use Our Online Service To Obtain a Social Security Number Card

**Online Social Security Number Application**  
\* Indicates required information


**Where is the individual's place of birth?**  
 U.S.  International

\* City/Town   
\* State/Territory

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## 84. U.S. Replacement Someone Else Adult - Individual's SSN

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

\* **What is the individual's Social Security Number (SSN)?**

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## 85. U.S. Replacement Someone Else Adult - Individual's Name



Social Security

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

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

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

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

Yes  No

#### \* Has the individual used any other names not listed above?


Yes  No

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## 86. U.S. Replacement Someone Else Adult - Individual's Parents Names

**Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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

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


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

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

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## 87. U.S. Replacement Someone Else Adult - U.S. Mailing Address

**Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**What is YOUR mailing address?**  
Enter a valid U.S. address where the Social Security Administration can mail the card.

\* 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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## 88. U.S. Replacement Someone Else Adult - Individual's U.S. Documentation



### Social Security

#### Use Our Online Service To Obtain a Social Security Number Card

##### Online Social Security Number Application



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

- You must provide 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a U.S. passport as proof of both citizenship and identity.
- If U.S. citizenship has not already been established with us, we will need to see proof of citizenship.

##### Social Security Number 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
- None of the above

##### \* Custody and Responsibility Documentation

Please select one document from the list

- Court custody documentation
- Letter from state social service placing the individual in your household
- Other document(s) that show 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

<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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## 89. U.S. Replacement Someone Else Adult - Individual's U.S. Documentation - Name Change



### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

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

- You must provide 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a U.S. passport as proof of both citizenship and identity.
- If U.S. citizenship has not already been established with us, we will need to see proof of citizenship.

#### Social Security Number Documentation

\* Indicates required information

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

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

##### \* 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
- None of the above

##### \* Custody and Responsibility Documentation

Please select one document from the list

- Court custody documentation

Letter from state social service placing the individual in your household

Other document(s) that show 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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## 90. U.S. Replacement Someone Else Adult - Review and Edit



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Review and Edit

Please review the answers you provided. If you need to make any changes, please select "Edit" to return to that part of the application and make the correction.

✔ **Age**

Edit

You must be 18 or older to fill out this application. Are you 18 or older?: **Yes**

✔ **U.S. Mailing Address**

Edit

Do you have a U.S. mailing address?: **Yes**

✔ **Social Security Number**

Edit

Does the person who the application is for already have a Social Security Number (SSN)?: **Yes**

✔ **Citizenship Status**

Edit

Is the individual for whom you are applying a U.S. citizen?: **Yes**

✔ **Applying For**

Edit

Are you an adult applying for: **Someone Else**

✔ **Your Name**

Edit

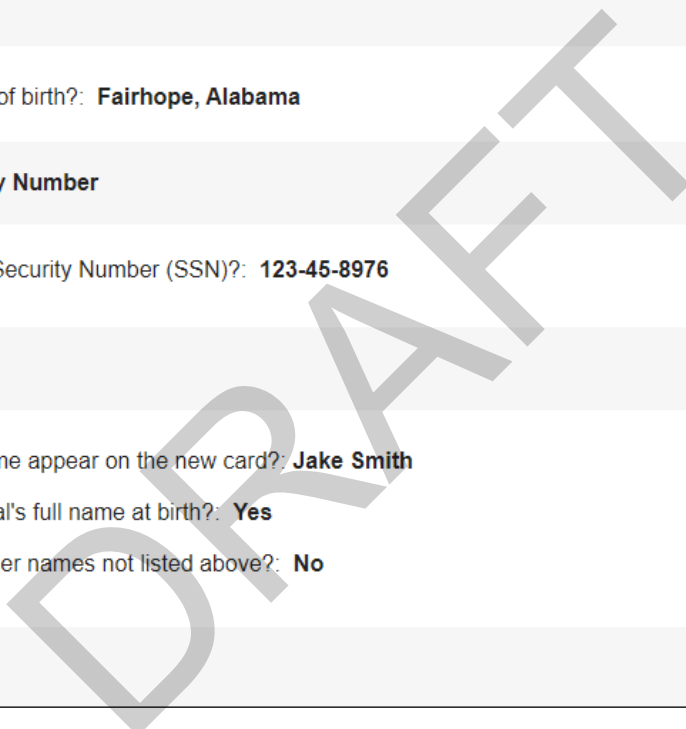
If you are applying for someone else, what is YOUR name?: **John Smith**

✔ **Date of Birth**

Edit


What is the individual's date of birth?: **January 1, 1980**

<input checked="" type="checkbox"/> <b>Relationship</b>	<a href="#">Edit</a>
What is YOUR relationship to the individual?: <b>Court Appointed Legal Guardian</b>	
<input checked="" type="checkbox"/> <b>Individual's Capability</b>	<a href="#">Edit</a>
Is the individual for whom you are applying physically or mentally able to file an application on his or her own?: <b>No</b>	
<input checked="" type="checkbox"/> <b>Name Change</b>	<a href="#">Edit</a>
Are you requesting a name change for the individual?: <b>No</b>	
<input checked="" type="checkbox"/> <b>Place of Birth</b>	<a href="#">Edit</a>
Where is the individual's place of birth?: <b>Fairhope, Alabama</b>	
<input checked="" type="checkbox"/> <b>Assigned Social Security Number</b>	<a href="#">Edit</a>
What is the individual's Social Security Number (SSN)?: <b>123-45-8976</b>	
<input checked="" type="checkbox"/> <b>Name</b>	<a href="#">Edit</a>
How should the individual's name appear on the new card?: <b>Jake Smith</b>	
Is the name above the individual's full name at birth?: <b>Yes</b>	
Has the individual used any other names not listed above?: <b>No</b>	
<input checked="" type="checkbox"/> <b>Parent's Name</b>	<a href="#">Edit</a>



What is the individual's parent/mother's birth name?: *Not Answered*

What is the individual's parent/father's name?: *Not Answered*

 **U.S. Mailing Address and Phone Number**

[Edit](#)

What is YOUR mailing address?


Street Address: **123 Main St.**

City/Town: **Anytown**

State: **Alaska**

ZIP Code: **12345**

What is your daytime phone number?: *Not Answered*

 **Documentation**

[Edit](#)

Identity Documentation for You: **School identification card**

Custody and Responsibility Documentation: **Other document(s) that show 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: **Health insurance identification card**

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## 91. U.S. Replacement Someone Else Adult - Attestation



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Next Steps

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

1. Gather the documentation you selected to provide as evidence to the [local SSA office](#).
2. Call your [local SSA office](#) for additional guidance for completing your application.

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

#### Electronic Signature

Please read and accept the following statement to finish the application.

I understand and agree that my application will be signed electronically, which is the legal equivalent of my handwritten signature, when I select the SUBMIT APPLICATION PACKAGE button below. I also understand that my electronic signature means that I intend to apply for a replacement SSN card and have provided the Social Security Administration with accurate information.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

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## 92. U.S. Replacement Someone Else Adult - Success



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

OSSNAP 07/01/2021

#### COVID UPDATE

During the COVID-19 pandemic, you may be able to provide us an alternative identity evidence document other than what you selected in this application. Please see the Coronavirus (COVID-19) Updates on the public SSA website, for more information.

#### The application has been successfully submitted! Your Online Control Number is O21271044914.

##### As a reminder, the replacement card request is not complete.

In order for the card to be processed, gather the documents listed below and call your [local SSA office](#) for additional guidance for completing your application.

You have agreed to provide the following document for yourself:

1. U.S. driver's license

You have agreed to provide the following document(s) for the individual:

1. Court custody documentation
2. Documentation that the individual is physically or mentally unable to file an application on his or her behalf (e.g., doctor's certification)
3. Health insurance identification card

You will need to provide this documentation to the office or card center within **45 calendar days**.

We will use your address provided below if we need to contact you regarding your application. We will return the documents listed above back to the following address within 2-4 weeks.

123 Main St  
Anytown, Maryland 12345

#### Printing Assistance

Please provide your online control number and mailing address with your documentation.

##### I've got a printer.

- Print out this page with the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

##### I don't have a printer.

- Write down the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

Print Done

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## 93. U.S. Replacement Someone Else Child - Landing



Social Security

### Use Our Online Service To Obtain A Social Security Number Card

#### Online Social Security Number Application

**Request a Social Security Number (SSN) card online and provide your documentation to the local Social Security Administration (SSA) office.**

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your request, provide your [local SSA office](#) with your documentation.

You must provide your information within **45 calendar days** of your request. If you are requesting an original card you must contact your local SSA office to set up an appointment to bring your documentation into the office. If you are requesting a replacement card, after you complete your online request, provide your original document(s) to your local office.

If you are requesting an original card, once we verify your Department of Homeland Security (DHS) document(s) and complete your request, you will receive the following information:

- Your original card in the mail **within 14 business days after verification of your document(s)**

If you are requesting a replacement card, once we receive your document(s) and complete your request, you will receive the following information:


- Your replacement card **within 14 business days**

Find out which document(s) are required for your **non-citizen original card**, **adult replacement card** or **child replacement card** request.

[Apply Now](#)

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## 94. U.S. Replacement Someone Else Child - Age 18 or Older

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information


**\*You must be 18 or older to fill out this application. Are you 18 or older?**  
 Yes  No

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## 95. U.S. Replacement Someone Else Child - U.S. Mailing Address Available

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\* Do you have a U.S. mailing address?**  
This includes Fleet Post Office [FPO], Army Post Office [APO] and Diplomatic Post Office [DPO] addresses.


Yes  No

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## 96. U.S. Replacement Someone Else Child - Have an SSN

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

**\* Does the person who the application is for already have a Social Security Number (SSN)?**


Yes  No

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## 97. U.S. Replacement Someone Else Child - Citizenship

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

**\* Is the individual for whom you are applying a U.S. Citizen?**


Yes  No

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## 98. U.S. Replacement Someone Else Child - Applying For

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

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

<input type="radio"/> Yourself
<input type="radio"/> Someone else


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## 99. U.S. Replacement Someone Else Child - Applying For Someone Else Name

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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


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

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## 100. U.S. Replacement Someone Else Child – Individual’s Date of Birth

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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

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## 101. U.S. Replacement Someone Else Child - Relationship Child



Social Security

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information


**\* 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 type="radio"/> None of the Above

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## 102. U.S. Replacement Someone Else Child - Name Change

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

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


Yes  No

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### 103. U.S. Replacement Someone Else Child - Individual's Place of Birth

**Social Security**

Use Our Online Service To Obtain a Social Security Number Card

**Online Social Security Number Application**  
\* Indicates required information


**Where is the individual's place of birth?**  
 U.S.  International

\* City/Town   
\* State/Territory

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## 104. U.S. Replacement Someone Else Child - Individual's SSN

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

**Online Social Security Number Application**

\* Indicates required information


\* **What is the individual's Social Security Number (SSN)?**

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## 105. U.S. Replacement Someone Else Child - Individual's Name

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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

<small>*First</small>	<small>Middle</small>	<small>*Last</small>	<small>Suffix</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--"/>

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


\* Has the individual used any other names not listed above?  
 Yes  No

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## 106. U.S. Replacement Someone Else Child - Individual's Parents Names



### Social Security

Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

\* Indicates required information

**\*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

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## 107. U.S. Replacement Someone Else Child - U.S. Mailing Address

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**What is YOUR mailing address?**  
Enter a valid U.S. address where the Social Security Administration can mail the card.

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

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

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## 108. U.S. Replacement Someone Else Child - Individual's U.S. Documentation



### Social Security

#### Use Our Online Service To Obtain a Social Security Number Card

##### Online Social Security Number Application



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

- You must provide 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a U.S. passport as proof of both citizenship and identity.
- If U.S. citizenship has not already been established with us, we will need to see proof of citizenship.

##### Social Security Number 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
<input type="radio"/> None of the above

##### \*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 individual 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 checked="" type="radio"/> None of the above

**\* Other Identity 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 [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Immunization
<input type="radio"/> Adoption Combination of Documents
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)

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# 109. U.S. Replacement Someone Else Child - Individual's U.S. Documentation - Name Change



## Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

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

- You must provide 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a U.S. passport as proof of both citizenship and identity.
- If U.S. citizenship has not already been established with us, we will need to see proof of citizenship.

### Social Security Number Documentation

\* Indicates required information

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

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

#### \* 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
<input type="radio"/> None of the above

#### \* Custody and Responsibility Documentation

Please select one document from the list

<input type="radio"/> Court custody documentation
---

- You are listed as the parent in SSA records
- Letter from state social service placing the individual in your household
- School records indicating that you have responsibility for the child
- Rental agreement listing the child in your household

**\* Identity Documentation for the Child**

Please select one document from the list

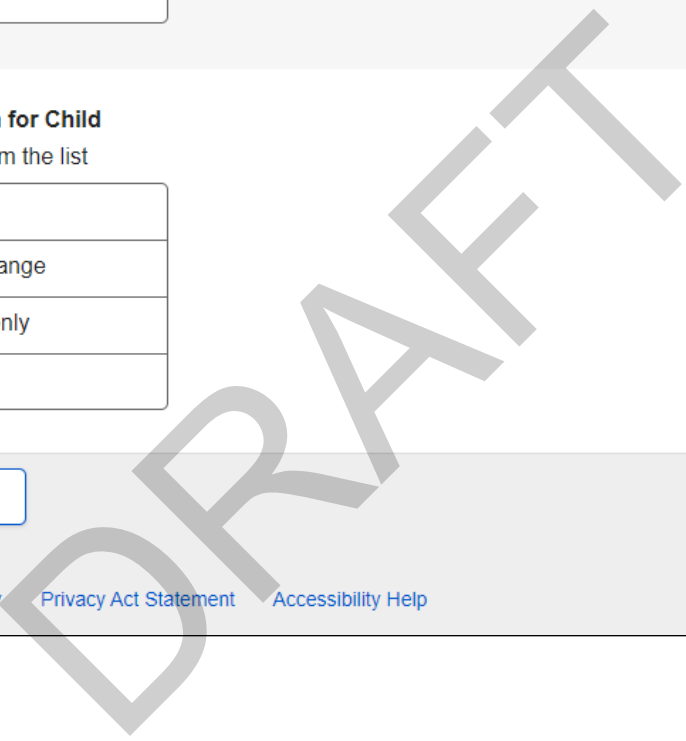
- U.S. driver's license
- State-issued non-driver identification card
- U.S. passport
- None of the above

**\* Name Change Documentation for Child**

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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## 110. U.S. Replacement Someone Else Child - Review and Edit



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Review and Edit

Please review the answers you provided. If you need to make any changes, please select "Edit" to return to that part of the application and make the correction.

✔ **Age**

Edit

You must be 18 or older to fill out this application. Are you 18 or older?: **Yes**

✔ **U.S. Mailing Address**

Edit

Do you have a U.S. mailing address?: **Yes**

✔ **Social Security Number**

Edit

Does the person who the application is for already have a Social Security Number (SSN)?: **Yes**

✔ **Citizenship Status**

Edit

Is the individual for whom you are applying a U.S. citizen?: **Yes**

✔ **Applying For**

Edit

Are you an adult applying for: **Someone Else**

✔ **Your Name**

Edit


If you are applying for someone else, what is YOUR name?: **John Smith**

✔ **Date of Birth**

Edit

What is the individual's date of birth?: **January 1, 2017**


<input checked="" type="checkbox"/> <b>Relationship</b>	<a href="#">Edit</a>
What is YOUR relationship to and responsibility for the individual?: <b>Custodial Father</b>	
<input checked="" type="checkbox"/> <b>Name Change</b>	<a href="#">Edit</a>
Are you requesting a name change for the individual?: <b>No</b>	
<input checked="" type="checkbox"/> <b>Place of Birth</b>	<a href="#">Edit</a>
Where is the individual's place of birth?: <b>Fairhope, Alabama</b>	
<input checked="" type="checkbox"/> <b>Assigned Social Security Number</b>	<a href="#">Edit</a>
What is the individual's Social Security Number (SSN)?: <b>123-45-8976</b>	
<input checked="" type="checkbox"/> <b>Name</b>	<a href="#">Edit</a>
How should the individual's name appear on the new card?: <b>Jake Smith</b>	
Is the name above the individual's full name at birth?: <b>Yes</b>	
Has the individual used any other names not listed above?: <b>No</b>	
<input checked="" type="checkbox"/> <b>Parent's Name</b>	<a href="#">Edit</a>
What is the individual's parent/mother's birth name?: <b>Not Answered</b>	
What is the individual's parent/father's name?: <b>Not Answered</b>	

 **U.S. Mailing Address and Phone Number** Edit

What is YOUR mailing address?

Street Address: **123 Main St.**  
City/Town: **Anytown**  
State: **Alaska**  
ZIP Code: **12345**

What is your daytime phone number?: **Not Answered**

 **Documentation** Edit

Identity Documentation for You: **U.S. Passport**

Custody and Responsibility Documentation: **Rental agreement listing the child in your household**

Identity Documentation for the Child: **U.S. Passport**

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## 111. U.S. Replacement Someone Else Child - Attestation



### Use Our Online Service To Obtain a Social Security Number Card

#### Next Steps

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

1. Gather the documentation you selected to provide as evidence to the [local SSA office](#).
2. Call your [local SSA office](#) for additional guidance for completing your application.

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

#### Electronic Signature

Please read and accept the following statement to finish the application.

I understand and agree that my application will be signed electronically, which is the legal equivalent of my handwritten signature, when I select the SUBMIT APPLICATION PACKAGE button below. I also understand that my electronic signature means that I intend to apply for a replacement SSN card and have provided the Social Security Administration with accurate information.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

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## 112. U.S. Replacement Someone Else Child - Success



### Social Security

#### Use Our Online Service To Obtain a Social Security Number Card

OSSNAP 07/01/2021

##### COVID UPDATE

During the COVID-19 pandemic, you may be able to provide us an alternative identity evidence document other than what you selected in this application. Please see the Coronavirus (COVID-19) Updates on the public SSA website, for more information.

##### The application has been successfully submitted! Your Online Control Number is O21271044914.

###### As a reminder, the replacement card request is not complete.

In order for the card to be processed, gather the documents listed below and call your [local SSA office](#) or card center for additional guidance for completing your application.

You have agreed to provide the following document for yourself:

1. U.S. driver's license

You have agreed to provide the following document(s) for the individual:

1. Court custody documentation
2. Documentation that the individual is physically or mentally unable to file an application on his or her behalf (e.g., doctor's certification)
3. Health insurance identification card

You will need to provide this documentation to the office or card center within **45 calendar days**.

We will use your address provided below if we need to contact you regarding your application. We will return the documents listed above back to the following address within 2-4 weeks.

123 Main St  
Anytown, Maryland 12345

##### Printing Assistance

Please provide your online control number and mailing address with your documentation.

###### I've got a printer.

- Print out this page with the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

###### I don't have a printer.

- Write down the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

Print Done

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## 113. Non-U.S. Original Self - Landing



### Use Our Online Service To Obtain A Social Security Number Card

#### Online Social Security Number Application

**Request a Social Security Number (SSN) card online and provide your documentation to the local Social Security Administration (SSA) office.**

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your request, provide your [local SSA office](#) with your documentation.

You must provide your information within **45 calendar days** of your request. If you are requesting an original card you must contact your local SSA office to set up an appointment to bring your documentation into the office. If you are requesting a replacement card, after you complete your online request, provide your original document(s) to your local office.

If you are requesting an original card, once we verify your Department of Homeland Security (DHS) document(s) and complete your request, you will receive the following information:

- Your original card in the mail **within 14 business days after verification of your document(s)**


If you are requesting a replacement card, once we receive your document(s) and complete your request, you will receive the following information:

- Your replacement card **within 14 business days**

Find out which document(s) are required for your **non-citizen original card**, **adult replacement card** or **child replacement card** request.

[Apply Now](#)

## 114. Non-U.S. Original Self - Age 18 or Older

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\*You must be 18 or older to fill out this application. Are you 18 or older?**


Yes  No

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## 115. Non-U.S. Original Self - U.S. Mailing Address Available

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\* Do you have a U.S. mailing address?**  
This includes Fleet Post Office [FPO], Army Post Office [APO] and Diplomatic Post Office [DPO] addresses.


Yes  No

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## 116. Non-U.S. Original Self - Have an SSN

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Does the person who the application is for already have a Social Security Number (SSN)?**


Yes  No

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## 117. Non-U.S. Original Self - Citizenship

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Is the individual for whom you are applying a U.S. Citizen?**

Yes  No


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## 118. Non-U.S. Original Self - Applying For

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information


**\*Are you an adult applying for**  
 Yourself  
 Someone else

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## 119. Non-U.S. Original Self - Date of Birth

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**


**Online Social Security Number Application**  
\* Indicates required information

**What is your date of birth?**  
\* Month      \* Day      \* Year

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## 120. Non-U.S. Original Self - Place of Birth

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information


**Where is your place of birth?**  
 U.S.  International

\* City/Town   
\* State/Territory

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## 121. Non-U.S. Original Self - Name

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**How does your name appear on the Department of Homeland Security (DHS) document?**

<small>*First</small>	<small>Middle</small>	<small>*Last</small>	<small>Suffix</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--"/>


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

\*Have you ever used any other names not listed above?  
 Yes  No

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## 122. Non-U.S. Original Self - Sex

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

**\*What is your sex?**


Male  Female

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## 123. Non-U.S. Original Self - Parents Names



### Social Security

Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

\* Indicates required information

**\*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

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## 124. Non-U.S. Original Self - U.S. Mailing Address



### Social Security

Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

\* Indicates required information

**What is your mailing address?**  
Enter a valid U.S. address where the Social Security Administration can mail the card.

\* 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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## 125. Non-U.S. Original Self - Documentation



### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a foreign Passport as proof of both age and identity.

Generally, ***you must provide at least two documents to prove age, identity, and immigration status.***

#### Social Security Number Documentation

\*Indicates required information

##### \*Evidence Documentation For You

Please select all the documentation that you can give us to prove your age, identity and immigration status.

<input type="checkbox"/> Foreign Passport
<input type="checkbox"/> I-551 Permanent Resident Card
<input type="checkbox"/> I-94 with No Foreign Passport
<input type="checkbox"/> I-94 with Unexpired Foreign Passport
<input type="checkbox"/> I-766 Employment Authorization Document (EAD) Card
<input type="checkbox"/> Admit (ADM) Stamp in Unexpired Foreign Passport
<input type="checkbox"/> I-551 Stamp (Temporary)
<input type="checkbox"/> Current, Valid U.S. Drivers License
<input type="checkbox"/> I-551 Machine Readable Immigrant Visa (MRIV)
<input type="checkbox"/> U.S. State Identity Card
<input type="checkbox"/> Birth Certificate - Foreign
<input type="checkbox"/> DS-2019 Certificate of Eligibility
<input type="checkbox"/> I-20 Certificate of Eligibility



<input type="checkbox"/> F20 Certificate of Eligibility
<input type="checkbox"/> Other

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## 126. Non-U.S. Original Self - Review and Edit



# Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Review and Edit

Please review the answers you provided. If you need to make any changes, please select "Edit" to return to that part of the application and make the correction.

**Age**

[Edit](#)

You must be 18 or older to fill out this application. Are you 18 or older?: **Yes**

**U.S. Mailing Address**

[Edit](#)

Do you have a U.S. mailing address?: **Yes**

**Social Security Number**

[Edit](#)

Does the person who the application is for already have a Social Security Number (SSN)?: **No**

**Citizenship Status**

[Edit](#)

Is the individual for whom you are applying a U.S. citizen?: **No**

**Applying For**

[Edit](#)

Are you an adult applying for: **Yourself**

**Date of Birth**

[Edit](#)

What is your date of birth?: **January 1, 1980**

**Place of Birth**

[Edit](#)

Where is your place of birth?: **Wellington, New Zealand**

✔ **Name**

Edit

How should your name appear on the new card?: **John Smith**

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

Have you ever used any other names not listed above?: **No**

✔ **Sex**

Edit

What is your sex?: **Male**

✔ **Parent's Name**

Edit

What is your parent/mother's birth name?: **Not Answered**

What is your parent/father's name?: **Not Answered**

✔ **U.S. Mailing Address and Phone Number**

Edit

What is your mailing address?

Street Address: **123 Main St.**  
City/Town: **Anytown**  
State: **Alaska**  
ZIP Code: **12345**

What is your daytime phone number?: **Not Answered**

✔ **Documentation**

Edit

Evidence Documentation For You: **Foreign Passport**

Next

Edit

Exit

## 127. Non-U.S. Original Self - Attestation



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Next Steps

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

1. Gather the documentation you selected to provide as evidence to the [local SSA office](#).
2. Call your [local SSA office](#) for additional guidance for completing your application.

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

#### Electronic Signature

Please read and accept the following statement to finish the application.

I understand and agree that my application will be signed electronically, which is the legal equivalent of my handwritten signature, when I select the SUBMIT APPLICATION PACKAGE button below. I also understand that my electronic signature means that I intend to apply for an original SSN card and have provided the Social Security Administration with accurate information.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

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## 128. Non-U.S. Original Self - Success



### Use Our Online Service To Obtain a Social Security Number Card

OSSNAP 07/01/2021

#### COVID UPDATE

During the COVID-19 pandemic, you may be able to provide us an alternative identity evidence document other than what you selected in this application. Please see the Coronavirus (COVID-19) Updates on the public SSA website, for more information.

#### The application has been successfully submitted! Your Online Control Number is O21271044914.

##### As a reminder, the original card request is not complete.

In order for the card to be processed, gather the document(s) listed below. You will need to bring this documentation to the office within **45 calendar days**. Call your [local SSA office](#) for additional guidance for completing your application.

You have agreed to provide the following document(s):

1. Foreign Passport

#### Printing Assistance

Please provide your online control number and mailing address with your documentation.

##### I've got a printer.

- Print out this page with the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

##### I don't have a printer.

- Write down the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

Print

Done

## 129. Non-U.S. Original Someone Else Adult - Landing



### Use Our Online Service To Obtain A Social Security Number Card

#### Online Social Security Number Application

**Request a Social Security Number (SSN) card online and provide your documentation to the local Social Security Administration (SSA) office.**

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your request, provide your [local SSA office](#) with your documentation.

You must provide your information within **45 calendar days** of your request. If you are requesting an original card you must contact your local SSA office to set up an appointment to bring your documentation into the office. If you are requesting a replacement card, after you complete your online request, provide your original document(s) to your local office.

If you are requesting an original card, once we verify your Department of Homeland Security (DHS) document(s) and complete your request, you will receive the following information:

- Your original card in the mail **within 14 business days after verification of your document(s)**


If you are requesting a replacement card, once we receive your document(s) and complete your request, you will receive the following information:

- Your replacement card **within 14 business days**

Find out which document(s) are required for your **non-citizen original card**, **adult replacement card** or **child replacement card** request.

[Apply Now](#)

## 130. Non-U.S. Original Someone Else Adult - Age 18 or Older

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information


**\*You must be 18 or older to fill out this application. Are you 18 or older?**  
 Yes  No

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## 131. Non-U.S. Original Someone Else Adult - U.S. Mailing Address Available

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\* Do you have a U.S. mailing address?**  
This includes Fleet Post Office [FPO], Army Post Office [APO] and Diplomatic Post Office [DPO] addresses.

Yes  No


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## 132. Non-U.S. Original Someone Else Adult - Have an SSN

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Does the person who the application is for already have a Social Security Number (SSN)?**


Yes  No

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### 133. Non-U.S. Original Someone Else Adult - Citizenship

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

\* Indicates required information

**\* Is the individual for whom you are applying a U.S. Citizen?**


Yes  No

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## 134. Non-U.S. Original Someone Else Adult - Applying For

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information


**\*Are you an adult applying for**  
 Yourself  
 Someone else

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## 135. Non-U.S. Original Someone Else Adult - Applying For Someone Else Name

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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


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

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## 136. Non-U.S. Original Someone Else Adult – Individual’s Date of Birth

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**


**Online Social Security Number Application**  
\* Indicates required information

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

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## 137. Non-U.S. Original Someone Else Adult - Relationship Adult

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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


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

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## 138. Non-U.S. Original Someone Else Adult - Individual Capabilities

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\* Is the individual for whom you are applying physically or mentally able to file an application on his or her own?**


Yes  No

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## 139. Non-U.S. Original Someone Else Adult - Individual's Place of Birth

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**Where is the individual's place of birth?**  
 U.S.  International

\* City/Town   
\* State/Territory

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## 140. Non-U.S. Original Someone Else Adult - Individual's Name



Social Security

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

How does the individual's name appear on the Department of Homeland Security (DHS) document?

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

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

Yes  No

\* Has the individual ever used any other names not listed above?

Yes  No

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## 141. Non-U.S. Original Someone Else Adult - Individual's Sex



Social Security

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

\* What is the individual's sex?

Male

Female

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## 142. Non-U.S. Original Someone Else Adult - Individual's Parents Names

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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

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


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

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

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## 143. Non-U.S. Original Someone Else Adult - U.S. Mailing Address

**Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**What is YOUR mailing address?**  
Enter a valid U.S. address where the Social Security Administration can mail the card.

\* 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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## 144. Non-U.S. Original Someone Else Adult - Individual's Documentation



### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a foreign Passport as proof of both age and identity.

Generally, ***you must provide at least two documents to prove age, identity, and immigration status.***

#### Select Your Replacement Card Documentation

\* Indicates required information

##### \* Identity Documentation for You

Please select a document you can give us to prove identity.

<input type="radio"/> Current, Valid U.S. Driver's license
<input type="radio"/> I-551 Machine Readable Immigrant Visa (MRIV)
<input type="radio"/> I-551 Permanent Resident Card
<input type="radio"/> I-551 (Expired) with I-797 Extension
<input type="radio"/> I-766 Employment Authorization Document (EAD) Card
<input type="radio"/> I-872 American Indian Card
<input type="radio"/> I-94 with No Foreign Passport
<input type="radio"/> Order of Immigration Judge
<input type="radio"/> Foreign Passport
<input type="radio"/> U.S. State Identity Card
<input type="radio"/> U.S. Passport
<input type="radio"/> Other

**\*Evidence Documentation For The Individual**

Please select all the documentation that the individual can give us to prove their age, identity and immigration status.

<input type="checkbox"/> Foreign Passport
<input type="checkbox"/> I-551 Permanent Resident Card
<input type="checkbox"/> I-94 with No Foreign Passport
<input type="checkbox"/> I-94 with Unexpired Foreign Passport
<input type="checkbox"/> I-766 Employment Authorization Document (EAD) Card
<input type="checkbox"/> Admit (ADM) Stamp in Unexpired Foreign Passport
<input type="checkbox"/> I-551 Stamp (Temporary)
<input type="checkbox"/> Current, Valid U.S. Drivers License
<input type="checkbox"/> I-551 Machine Readable Immigrant Visa (MRIV)
<input type="checkbox"/> U.S. State Identity Card
<input type="checkbox"/> Birth Certificate - Foreign
<input type="checkbox"/> DS-2019 Certificate of Eligibility
<input type="checkbox"/> I-20 Certificate of Eligibility
<input type="checkbox"/> Other

**\*Custody and Responsibility Documentation**

Please select one document from the list

<input type="radio"/> Court custody documentation
<input type="radio"/> Letter from state social service placing the individual in your household
<input type="radio"/> Other document(s) that show 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)
--

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## 145. Non-U.S. Original Someone Else Adult - Review and Edit

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

### Review and Edit

Please review the answers you provided. If you need to make any changes, please select "Edit" to return to that part of the application and make the correction.

 **Age** [Edit](#)


You must be 18 or older to fill out this application. Are you 18 or older?: **Yes**

 **U.S. Mailing Address** [Edit](#)

Do you have a U.S. mailing address?: **Yes**

 **Social Security Number** [Edit](#)

Does the person who the application is for already have a Social Security Number (SSN)?: **No**

 **Citizenship Status** [Edit](#)

Is the individual for whom you are applying a U.S. citizen?: **No**

 **Applying For** [Edit](#)

Are you an adult applying for: **Someone Else**

 **Your Name** [Edit](#)

If you are applying for someone else, what is YOUR name?: **John Smith**

 **Date of Birth** [Edit](#)


What is the individual's date of birth?: **January 1, 1980**



<input checked="" type="checkbox"/> <b>Relationship</b>	<a href="#">Edit</a>
What is YOUR relationship to the individual?: <b>Court Appointed Legal Guardian</b>	
<input checked="" type="checkbox"/> <b>Individual's Capability</b>	<a href="#">Edit</a>
Is the individual for whom you are applying physically or mentally able to file an application on his or her own?: <b>No</b>	
<input checked="" type="checkbox"/> <b>Place of Birth</b>	<a href="#">Edit</a>
Where is the individual's place of birth?: <b>Wellington, New Zealand</b>	
<input checked="" type="checkbox"/> <b>Name</b>	<a href="#">Edit</a>
How should the individual's name appear on the new card?: <b>Jake Smith</b>	
Is the name above the individual's full name at birth?: <b>Yes</b>	
Has the individual ever used any other names not listed above?: <b>No</b>	
<input checked="" type="checkbox"/> <b>Sex</b>	<a href="#">Edit</a>
What is the individual's sex?: <b>Male</b>	
<input checked="" type="checkbox"/> <b>Parent's Name</b>	<a href="#">Edit</a>
What is the individual's parent/mother's birth name?: <b>Not Answered</b>	
What is the individual's parent/father's name?: <b>Not Answered</b>	
<input checked="" type="checkbox"/> <b>U.S. Mailing Address and Phone Number</b>	<a href="#">Edit</a>
What is YOUR mailing address?	
Street Address: <b>123 Main St.</b>	

City/Town: **Anytown**  
State: **Alaska**  
ZIP Code: **12345**

What is your daytime phone number?: **Not Answered**

 **Documentation**

[Edit](#)

Identity Documentation For You: **Current, Valid U.S. Driver's license**

Evidence Documentation For The Individual: **Foreign Passport**

Custody and Responsibility Documentation: **Court custody documentation**

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)**

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## 146. Non-U.S. Original Someone Else Adult - Attestation



### Use Our Online Service To Obtain a Social Security Number Card

#### Next Steps

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

1. Gather the documentation you selected to provide as evidence to the [local SSA office](#).
2. Call your [local SSA office](#) for additional guidance for completing your application.

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

#### Electronic Signature

Please read and accept the following statement to finish the application.

I understand and agree that my application will be signed electronically, which is the legal equivalent of my handwritten signature, when I select the SUBMIT APPLICATION PACKAGE button below. I also understand that my electronic signature means that I intend to apply for an original SSN card and have provided the Social Security Administration with accurate information.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

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## 147. Non-U.S. Original Someone Else Adult - Success



### Use Our Online Service To Obtain a Social Security Number Card

OSSNAP 07/01/2021

#### COVID UPDATE

During the COVID-19 pandemic, you may be able to provide us an alternative identity evidence document other than what you selected in this application. Please see the Coronavirus (COVID-19) Updates on the public SSA website, for more information.

#### The application has been successfully submitted! Your Online Control Number is O21271044914.

##### As a reminder, the original card request is not complete.

In order for the card to be processed, gather the document(s) listed below. You will need to bring this documentation to the office within **45 calendar days**. Call your [local SSA office](#) for additional guidance for completing your application.

You have agreed to provide the following document(s):

1. Current, Valid U.S. Driver's license

You have agreed to provide the following document(s) for the individual:

1. I-94 with Unexpired Foreign Passport
2. Court custody documentation
3. Documentation that the individual is physically or mentally unable to file an application on his or her behalf (e.g., doctor's certification)

#### Printing Assistance

Please provide your online control number and mailing address with your documentation.

##### I've got a printer.

- Print out this page with the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

##### I don't have a printer.

- Write down the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

Print

Done

## 148. Non-U.S. Original Someone Else Child - Landing



Social Security

### Use Our Online Service To Obtain A Social Security Number Card

#### Online Social Security Number Application

**Request a Social Security Number (SSN) card online and provide your documentation to the local Social Security Administration (SSA) office.**

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your request, provide your [local SSA office](#) with your documentation.

You must provide your information within **45 calendar days** of your request. If you are requesting an original card you must contact your local SSA office to set up an appointment to bring your documentation into the office. If you are requesting a replacement card, after you complete your online request, provide your original document(s) to your local office.

If you are requesting an original card, once we verify your Department of Homeland Security (DHS) document(s) and complete your request, you will receive the following information:

- Your original card in the mail **within 14 business days after verification of your document(s)**

If you are requesting a replacement card, once we receive your document(s) and complete your request, you will receive the following information:


- Your replacement card **within 14 business days**

Find out which document(s) are required for your **non-citizen original card**, **adult replacement card** or **child replacement card** request.

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## 149. Non-U.S. Original Someone Else Child - Age 18 or Older

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information


**\*You must be 18 or older to fill out this application. Are you 18 or older?**  
 Yes  No

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## 150. Non-U.S. Original Someone Else Child - U.S. Mailing Address Available

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\* Do you have a U.S. mailing address?**  
This includes Fleet Post Office [FPO], Army Post Office [APO] and Diplomatic Post Office [DPO] addresses.


Yes  No

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## 151. Non-U.S. Original Someone Else Child - Have an SSN

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Does the person who the application is for already have a Social Security Number (SSN)?**

Yes  No


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## 152. Non-U.S. Original Someone Else Child - Citizenship

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Is the individual for whom you are applying a U.S. Citizen?**


Yes  No

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## 153. Non-U.S. Original Someone Else Child - Applying For

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information


**\*Are you an adult applying for**  
 Yourself  
 Someone else

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## 154. Non-U.S. Original Someone Else Child - Applying For Someone Else Name

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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


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

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## 155. Non-U.S. Original Someone Else Child – Individual’s Date of Birth

**Social Security**

Use Our Online Service To Obtain a Social Security Number Card

**Online Social Security Number Application**  
\* Indicates required information

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

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## 156. Non-U.S. Original Someone Else Child - Relationship Child



Social Security

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* 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 type="radio"/> None of the Above

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## 157. Non-U.S. Original Someone Else Child - Individual's Place of Birth

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**Where is the individual's place of birth?**  
 U.S.  International

\* City/Town   
\* State/Territory

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## 158. Non-U.S. Original Someone Else Child - Individual's Name



Social Security

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

How does the individual's name appear on the Department of Homeland Security (DHS) document?

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

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

Yes  No

\* Has the individual ever used any other names not listed above?

Yes  No

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## 159. Non-U.S. Original Someone Else Child - Individual's Sex



Social Security

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

\* What is the individual's sex?

Male

Female

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## 160. Non-U.S. Original Someone Else Child - Individual's Parents Names

**Social Security**

Use Our Online Service To Obtain a Social Security Number Card

**Online Social Security Number Application**  
\* Indicates required information

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

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


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

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

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## 161. Non-U.S. Original Someone Else Child - U.S. Mailing Address

**Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**What is YOUR mailing address?**  
Enter a valid U.S. address where the Social Security Administration can mail the card.

\* 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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## 162. Non-U.S. Original Someone Else Child - Individual's Documentation



### Social Security

#### Use Our Online Service To Obtain a Social Security Number Card

##### Online Social Security Number 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a foreign Passport as proof of both age and identity.

Generally, **you must provide at least two documents to prove age, identity, and immigration status.**

##### Social Security Number Documentation

\*Indicates required information

###### \*Identity Documentation for You

Please select a document you can give us to prove identity.

<input type="radio"/> Current, Valid U.S. Driver's license
<input type="radio"/> I-551 Machine Readable Immigrant Visa (MRIV)
<input type="radio"/> I-551 Permanent Resident Card
<input type="radio"/> I-551 (Expired) with I-797 Extension
<input type="radio"/> I-766 Employment Authorization Document (EAD) Card
<input type="radio"/> I-872 American Indian Card
<input type="radio"/> I-94 with No Foreign Passport
<input type="radio"/> Order of Immigration Judge
<input type="radio"/> Foreign Passport
<input type="radio"/> U.S. State Identity Card
<input type="radio"/> U.S. Passport
<input type="radio"/> Other

**\*Evidence Documentation For The Individual**

Please select all the documentation that the individual can give us to prove their age, identity and immigration status.

<input type="checkbox"/> Foreign Passport
<input type="checkbox"/> I-551 Permanent Resident Card
<input type="checkbox"/> I-94 with No Foreign Passport
<input type="checkbox"/> I-94 with Unexpired Foreign Passport
<input type="checkbox"/> I-766 Employment Authorization Document (EAD) Card
<input type="checkbox"/> Admit (ADM) Stamp in Unexpired Foreign Passport
<input type="checkbox"/> I-551 Stamp (Temporary)
<input type="checkbox"/> Current, Valid U.S. Drivers License
<input type="checkbox"/> I-551 Machine Readable Immigrant Visa (MRIV)
<input type="checkbox"/> U.S. State Identity Card
<input type="checkbox"/> Birth Certificate - Foreign
<input type="checkbox"/> DS-2019 Certificate of Eligibility
<input type="checkbox"/> I-20 Certificate of Eligibility
<input type="checkbox"/> Other

**\*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 individual 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

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## 163. Non-U.S. Original Someone Else Child - Review and Edit



# Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Review and Edit

Please review the answers you provided. If you need to make any changes, please select "Edit" to return to that part of the application and make the correction.

**Age**

[Edit](#)

You must be 18 or older to fill out this application. Are you 18 or older?: **Yes**

**U.S. Mailing Address**

[Edit](#)

Do you have a U.S. mailing address?: **Yes**

**Social Security Number**

[Edit](#)

Does the person who the application is for already have a Social Security Number (SSN)?: **No**

**Citizenship Status**

[Edit](#)

Is the individual for whom you are applying a U.S. citizen?: **No**

**Applying For**

[Edit](#)

Are you an adult applying for: **Someone Else**

**Your Name**

[Edit](#)


If you are applying for someone else, what is YOUR name?: **John Smith**

**Date of Birth**

[Edit](#)

What is the individual's date of birth?: **January 1, 2017**

<input checked="" type="checkbox"/> <b>Relationship</b>	<a href="#">Edit</a>
What is YOUR relationship to and responsibility for the individual?: <b>Custodial Father</b>	
<input checked="" type="checkbox"/> <b>Place of Birth</b>	<a href="#">Edit</a>
Where is the individual's place of birth?: <b>Wellington, New Zealand</b>	
<input checked="" type="checkbox"/> <b>Name</b>	<a href="#">Edit</a>
How should the individual's name appear on the new card?: <b>Jake Smith</b>	
Is the name above the individual's full name at birth?: <b>Yes</b>	
Has the individual ever used any other names not listed above?: <b>No</b>	
<input checked="" type="checkbox"/> <b>Sex</b>	<a href="#">Edit</a>
What is the individual's sex?: <b>Male</b>	
<input checked="" type="checkbox"/> <b>Parent's Name</b>	<a href="#">Edit</a>
What is the individual's parent/mother's birth name?: <b>Not Answered</b>	
What is the individual's parent/father's name?: <b>Not Answered</b>	
<input checked="" type="checkbox"/> <b>U.S. Mailing Address and Phone Number</b>	<a href="#">Edit</a>
What is YOUR mailing address?	
Street Address: <b>123 Main St.</b>	
City/Town: <b>Anytown</b>	
State: <b>Alaska</b>	
ZIP Code: <b>12345</b>	
What is your daytime phone number?: <b>Not Answered</b>	

 **Documentation**

[Edit](#)

Identity Documentation For You: **Current, Valid U.S. Driver's license**

Evidence Documentation For The Individual: **Foreign Passport**

Custody and Responsibility Documentation: **Court custody documentation**

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## 164. Non-U.S. Original Someone Else Child - Attestation



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Next Steps

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

1. Gather the documentation you selected to provide as evidence to the [local SSA office](#).
2. Call your [local SSA office](#) for additional guidance for completing your application.

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

#### Electronic Signature

Please read and accept the following statement to finish the application.

I understand and agree that my application will be signed electronically, which is the legal equivalent of my handwritten signature, when I select the SUBMIT APPLICATION PACKAGE button below. I also understand that my electronic signature means that I intend to apply for an original SSN card and have provided the Social Security Administration with accurate information.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

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## 165. Non-U.S. Original Someone Else Child - Success



### Use Our Online Service To Obtain a Social Security Number Card

OSSNAP 07/01/2021

#### COVID UPDATE

During the COVID-19 pandemic, you may be able to provide us an alternative identity evidence document other than what you selected in this application. Please see the Coronavirus (COVID-19) Updates on the public SSA website, for more information.

#### The application has been successfully submitted! Your Online Control Number is O21271044914.

**As a reminder, the original card request is not complete.**

In order for the card to be processed, gather the document(s) listed below. You will need to bring this documentation to the office within **45 calendar days**. Call your [local SSA office](#) for additional guidance for completing your application.

You have agreed to provide the following document(s):

1. Current, Valid U.S. Driver's license

You have agreed to provide the following document(s) for the individual:

1. Foreign Passport
2. Court custody documentation

#### Printing Assistance

Please provide your online control number and mailing address with your documentation.

##### **I've got a printer.**

- Print out this page with the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

##### **I don't have a printer.**

- Write down the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

Print

Done

## 166. Non-U.S. Replacement Self - Landing



### Use Our Online Service To Obtain A Social Security Number Card

#### Online Social Security Number Application

**Request a Social Security Number (SSN) card online and provide your documentation to the local Social Security Administration (SSA) office.**

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your request, provide your [local SSA office](#) with your documentation.

You must provide your information within **45 calendar days** of your request. If you are requesting an original card you must contact your local SSA office to set up an appointment to bring your documentation into the office. If you are requesting a replacement card, after you complete your online request, provide your original document(s) to your local office.

If you are requesting an original card, once we verify your Department of Homeland Security (DHS) document(s) and complete your request, you will receive the following information:

- Your original card in the mail **within 14 business days after verification of your document(s)**


If you are requesting a replacement card, once we receive your document(s) and complete your request, you will receive the following information:

- Your replacement card **within 14 business days**

Find out which document(s) are required for your **non-citizen original card**, **adult replacement card** or **child replacement card** request.

[Apply Now](#)

## 167. Non-U.S. Replacement Self - Age 18 or Older

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\*You must be 18 or older to fill out this application. Are you 18 or older?**


Yes  No

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## 168. Non-U.S. Replacement Self - U.S. Mailing Address Available

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Do you have a U.S. mailing address?**  
This includes Fleet Post Office [FPO], Army Post Office [APO] and Diplomatic Post Office [DPO] addresses.


Yes  No

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## 169. Non-U.S. Replacement Self - Have an SSN

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

**\* Does the person who the application is for already have a Social Security Number (SSN)?**


Yes  No

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## 170. Non-U.S. Replacement Self - Citizenship

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

**\* Is the individual for whom you are applying a U.S. Citizen?**


Yes  No

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## 171. Non-U.S. Replacement Self - Applying For

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

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


<input type="radio"/> Yourself
<input type="radio"/> Someone else

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## 172. Non-U.S. Replacement Self - Date of Birth

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information


**What is your date of birth?**  
\* Month      \* Day      \* Year

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## 173. Non-U.S. Replacement Self - Name Change

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Are you requesting a name change?**


Yes  No

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## 174. Non-U.S. Replacement Self - Place of Birth

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information


**Where is your place of birth?**  
 U.S.  International

\* City/Town   
\* State/Territory

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## 175. Non-U.S. Replacement Self - SSN

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information


\* **What is your Social Security Number (SSN)?**

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## 176. Non-U.S. Replacement Self - Name

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**How does your name appear on the Department of Homeland Security (DHS) document?**

<small>* First</small>	<small>Middle</small>	<small>* Last</small>	<small>Suffix</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--"/>


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

\* Have you ever had a Social Security Number (SSN) card under a name not listed above?  
 Yes  No

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## 177. Non-U.S. Replacement Self - Parents Names



### Social Security

Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

\* Indicates required information

**\*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

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## 178. Non-U.S. Replacement Self - U.S. Mailing Address



### Social Security

Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

\* Indicates required information

**What is your mailing address?**  
Enter a valid U.S. address where the Social Security Administration can mail the card.

\* 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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## 179. Non-U.S. Replacement Self - Documentation



### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a foreign Passport as proof of both age and identity.

Generally, ***you must provide at least two documents to prove age, identity, and immigration status.***

#### Social Security Number Documentation

\* Indicates required information

##### \* Evidence Documentation For You

Please select all the documentation that you can give us to prove your age, identity and immigration status.

<input type="checkbox"/> Foreign Passport
<input type="checkbox"/> I-551 Permanent Resident Card
<input type="checkbox"/> I-94 with No Foreign Passport
<input type="checkbox"/> I-94 with Unexpired Foreign Passport
<input type="checkbox"/> I-766 Employment Authorization Document (EAD) Card
<input type="checkbox"/> Admit (ADM) Stamp in Unexpired Foreign Passport
<input type="checkbox"/> I-551 Stamp (Temporary)
<input type="checkbox"/> Current, Valid U.S. Drivers License
<input type="checkbox"/> I-551 Machine Readable Immigrant Visa (MRIV)
<input type="checkbox"/> U.S. State Identity Card
<input type="checkbox"/> Birth Certificate - Foreign
<input type="checkbox"/> DS-2019 Certificate of Eligibility
<input type="checkbox"/> I-20 Certificate of Eligibility

<input type="checkbox"/> F20 Certificate of Eligibility
<input type="checkbox"/> Other

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## 180. Non-U.S. Replacement Self - Documentation - Name Change



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a foreign Passport as proof of both age and identity.

Generally, ***you must provide at least two documents to prove age, identity, and immigration status.***

#### Social Security Number Documentation

\* Indicates required information

##### \* Evidence Documentation For You

Please select all the documentation that you can give us to prove your age, identity and immigration status.

<input type="checkbox"/> Foreign Passport
<input type="checkbox"/> I-551 Permanent Resident Card
<input type="checkbox"/> I-94 with No Foreign Passport
<input type="checkbox"/> I-94 with Unexpired Foreign Passport
<input type="checkbox"/> I-766 Employment Authorization Document (EAD) Card
<input type="checkbox"/> Admit (ADM) Stamp in Unexpired Foreign Passport
<input type="checkbox"/> I-551 Stamp (Temporary)
<input type="checkbox"/> Current, Valid U.S. Drivers License
<input type="checkbox"/> I-551 Machine Readable Immigrant Visa (MRIV)
<input type="checkbox"/> U.S. State Identity Card
<input type="checkbox"/> Birth Certificate - Foreign
<input type="checkbox"/> DS-2019 Certificate of Eligibility
<input type="checkbox"/> I-20 Certificate of Eligibility

<input type="checkbox"/> F-20 Certificate of Eligibility
<input type="checkbox"/> Other

**\* Name Change Documentation for You**  
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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## 181. Non-U.S. Replacement Self - Review and Edit



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Review and Edit

Please review the answers you provided. If you need to make any changes, please select "Edit" to return to that part of the application and make the correction.

✓ Age

Edit

You must be 18 or older to fill out this application. Are you 18 or older?: **Yes**

✓ U.S. Mailing Address

Edit

Do you have a U.S. mailing address?: **Yes**

✓ Social Security Number

Edit

Does the person who the application is for already have a Social Security Number (SSN)?: **Yes**

✓ Citizenship Status

Edit

Is the individual for whom you are applying a U.S. citizen?: **No**

✓ Applying For

Edit

Are you an adult applying for: **Yourself**

✓ Date of Birth

Edit

What is your date of birth?: **January 1, 1980**

✓ Place of Birth

Edit

Where is your place of birth?: **Wellington, New Zealand**

**✔ Assigned Social Security Number**

What is your Social Security Number (SSN)?: **123-45-8976**

**✔ Name**

Edit

How should your name appear on the new card?: **John Smith**

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

Have you ever had a Social Security Number (SSN) card under a name not listed above?: **No**

**✔ Parent's Name**

Edit

What is your parent/mother's birth name?: **Not Answered**

What is your parent/father's name?: **Not Answered**

**✔ U.S. Mailing Address and Phone Number**

Edit

What is your mailing address?

Street Address: **123 Main St.**

City/Town: **Anytown**

State: **Alaska**

ZIP Code: **12345**

What is your daytime phone number?: **Not Answered**

**✔ Documentation**

Edit

Evidence Documentation For You: **Foreign Passport**

Next

Edit

Exit

## 182. Non-U.S. Replacement Self - Attestation



### Use Our Online Service To Obtain a Social Security Number Card

#### Next Steps

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

1. Gather the documentation you selected to provide as evidence to the [local SSA office](#).
2. Call your [local SSA office](#) for additional guidance for completing your application.

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

#### Electronic Signature

Please read and accept the following statement to finish the application.

I understand and agree that my application will be signed electronically, which is the legal equivalent of my handwritten signature, when I select the SUBMIT APPLICATION PACKAGE button below. I also understand that my electronic signature means that I intend to apply for a replacement SSN card and have provided the Social Security Administration with accurate information.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

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## 183. Non-U.S. Replacement Self - Success



### Use Our Online Service To Obtain a Social Security Number Card

OSSNAP 07/01/2021

#### COVID UPDATE

During the COVID-19 pandemic, you may be able to provide us an alternative identity evidence document other than what you selected in this application. Please see the Coronavirus (COVID-19) Updates on the public SSA website, for more information.

#### The application has been successfully submitted! Your Online Control Number is O21271044914.

**As a reminder, the replacement card request is not complete.**

In order for the card to be processed, gather the document(s) listed below. You will need to bring this documentation to the office within **45 calendar days**. Call your [local SSA office](#) for additional guidance for completing your application.

You have agreed to provide the following document(s):

1. Foreign Passport

#### Printing Assistance

Please provide your online control number and mailing address with your documentation.

##### **I've got a printer.**

- Print out this page with the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

##### **I don't have a printer.**

- Write down the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

Print

Done

## 184. Non-U.S. Replacement Someone Else Adult - Landing



### Use Our Online Service To Obtain A Social Security Number Card

#### Online Social Security Number Application

**Request a Social Security Number (SSN) card online and provide your documentation to the local Social Security Administration (SSA) office.**

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your request, provide your [local SSA office](#) with your documentation.

You must provide your information within **45 calendar days** of your request. If you are requesting an original card you must contact your local SSA office to set up an appointment to bring your documentation into the office. If you are requesting a replacement card, after you complete your online request, provide your original document(s) to your local office.

If you are requesting an original card, once we verify your Department of Homeland Security (DHS) document(s) and complete your request, you will receive the following information:

- Your original card in the mail **within 14 business days after verification of your document(s)**


If you are requesting a replacement card, once we receive your document(s) and complete your request, you will receive the following information:

- Your replacement card **within 14 business days**

Find out which document(s) are required for your **non-citizen original card**, **adult replacement card** or **child replacement card** request.

[Apply Now](#)

## 185. Non-U.S. Replacement Someone Else Adult - Age 18 or Older

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\*You must be 18 or older to fill out this application. Are you 18 or older?**  
 Yes  No


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## 186. Non-U.S. Replacement Someone Else Adult - U.S. Mailing Address Available

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**

\* Indicates required information

**\* Do you have a U.S. mailing address?**  
This includes Fleet Post Office [FPO], Army Post Office [APO] and Diplomatic Post Office [DPO] addresses.


Yes  No

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## 187. Non-U.S. Replacement Someone Else Adult - Have an SSN

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Does the person who the application is for already have a Social Security Number (SSN)?**


Yes  No

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## 188. Non-U.S. Replacement Someone Else Adult - Citizenship

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Is the individual for whom you are applying a U.S. Citizen?**


Yes  No

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## 189. Non-U.S. Replacement Someone Else Adult - Applying For

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information


**\*Are you an adult applying for**  
 Yourself  
 Someone else

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## 190. Non-U.S. Replacement Someone Else Adult - Applying For Someone Else Name

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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


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

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## 191. Non-U.S. Replacement Someone Else Adult – Individual’s Date of Birth

**Social Security**

Use Our Online Service To Obtain a Social Security Number Card


**Online Social Security Number Application**  
\* Indicates required information

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

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## 192. Non-U.S. Replacement Someone Else Adult - Relationship Adult

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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


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

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## 193. Non-U.S. Replacement Someone Else Adult - Individual Capabilities

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\* Is the individual for whom you are applying physically or mentally able to file an application on his or her own?**

Yes  No


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## 194. Non-U.S. Replacement Someone Else Adult - Name Change

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

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


Yes  No

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## 195. Non-U.S. Replacement Someone Else Adult - Individual's Place of Birth

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information


**Where is the individual's place of birth?**  
 U.S.    International

\* City/Town   
\* State/Territory

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## 196. Non-U.S. Replacement Someone Else Adult - Individual's SSN

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

\* **What is the individual's Social Security Number (SSN)?**

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## 197. Non-U.S. Replacement Someone Else Adult - Individual's Name



Social Security

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

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

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

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

Yes  No


#### \* Has the individual ever had a Social Security Number (SSN) card under a name not listed above?

Yes  No

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## 198. Non-U.S. Replacement Someone Else Adult - Individual's Parents Names

**Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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

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

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

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

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## 199. Non-U.S. Replacement Someone Else Adult - U.S. Mailing Address



# Social Security

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

#### What is YOUR mailing address?

Enter a valid U.S. address where the Social Security Administration can mail the card.

\* 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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## 200. Non-U.S. Replacement Someone Else Adult - Individual's Documentation



### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a foreign Passport as proof of both age and identity.

Generally, ***you must provide at least two documents to prove age, identity, and immigration status.***

#### Social Security Number Documentation

\* Indicates required information

##### \* Identity Documentation for You

Please select a document you can give us to prove identity.

- |  |
|--|
| <input type="radio"/> Current, Valid U.S. Driver's license               |
| <input type="radio"/> I-551 Machine Readable Immigrant Visa (MRIV)       |
| <input type="radio"/> I-551 Permanent Resident Card                      |
| <input type="radio"/> I-551 (Expired) with I-797 Extension               |
| <input type="radio"/> I-766 Employment Authorization Document (EAD) Card |
| <input type="radio"/> I-872 American Indian Card                         |
| <input type="radio"/> I-94 with No Foreign Passport                      |
| <input type="radio"/> Order of Immigration Judge                         |
| <input type="radio"/> Foreign Passport                                   |
| <input type="radio"/> U.S. State Identity Card                           |
| <input type="radio"/> U.S. Passport                                      |
| <input type="radio"/> Other  |

**\*Evidence Documentation For The Individual**

Please select all the documentation that the individual can give us to prove their age, identity and immigration status.

<input type="checkbox"/> Foreign Passport
<input type="checkbox"/> I-551 Permanent Resident Card
<input type="checkbox"/> I-94 with No Foreign Passport
<input type="checkbox"/> I-94 with Unexpired Foreign Passport
<input type="checkbox"/> I-766 Employment Authorization Document (EAD) Card
<input type="checkbox"/> Admit (ADM) Stamp in Unexpired Foreign Passport
<input type="checkbox"/> I-551 Stamp (Temporary)
<input type="checkbox"/> Current, Valid U.S. Drivers License
<input type="checkbox"/> I-551 Machine Readable Immigrant Visa (MRIV)
<input type="checkbox"/> U.S. State Identity Card
<input type="checkbox"/> Birth Certificate - Foreign
<input type="checkbox"/> DS-2019 Certificate of Eligibility
<input type="checkbox"/> I-20 Certificate of Eligibility
<input type="checkbox"/> Other

**\*Custody and Responsibility Documentation**

Please select one document from the list

<input type="radio"/> Court custody documentation
<input type="radio"/> Letter from state social service placing the individual in your household
<input type="radio"/> Other document(s) that show 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)
--

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## 201. Non-U.S. Replacement Someone Else Adult - Individual's Documentation - Name Change



# Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a foreign Passport as proof of both age and identity.

Generally, ***you must provide at least two documents to prove age, identity, and immigration status.***

#### Social Security Number Documentation

\* Indicates required information

##### \* Identity Documentation for You

Please select a document you can give us to prove identity.

<input type="radio"/> Current, Valid U.S. Driver's license
<input type="radio"/> I-551 Machine Readable Immigrant Visa (MRIV)
<input type="radio"/> I-551 Permanent Resident Card
<input type="radio"/> I-551 (Expired) with I-797 Extension
<input type="radio"/> I-766 Employment Authorization Document (EAD) Card
<input type="radio"/> I-872 American Indian Card
<input type="radio"/> I-94 with No Foreign Passport
<input type="radio"/> Order of Immigration Judge
<input type="radio"/> Foreign Passport
<input type="radio"/> U.S. State Identity Card
<input type="radio"/> U.S. Passport
<input type="radio"/> Other

**\*Evidence Documentation For The Individual**

Please select all the documentation that the individual can give us to prove their age, identity and immigration status.

<input type="checkbox"/> Foreign Passport
<input type="checkbox"/> I-551 Permanent Resident Card
<input type="checkbox"/> I-94 with No Foreign Passport
<input type="checkbox"/> I-94 with Unexpired Foreign Passport
<input type="checkbox"/> I-766 Employment Authorization Document (EAD) Card
<input type="checkbox"/> Admit (ADM) Stamp in Unexpired Foreign Passport
<input type="checkbox"/> I-551 Stamp (Temporary)
<input type="checkbox"/> Current, Valid U.S. Drivers License
<input type="checkbox"/> I-551 Machine Readable Immigrant Visa (MRIV)
<input type="checkbox"/> U.S. State Identity Card
<input type="checkbox"/> Birth Certificate - Foreign
<input type="checkbox"/> DS-2019 Certificate of Eligibility
<input type="checkbox"/> I-20 Certificate of Eligibility
<input type="checkbox"/> Other

**\*Custody and Responsibility Documentation**

Please select one document from the list

<input type="radio"/> Court custody documentation
<input type="radio"/> Letter from state social service placing the individual in your household
<input type="radio"/> Other document(s) that show 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)
--

**\*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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## 202. Non-U.S. Replacement Someone Else Adult - Review and Edit



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Review and Edit

Please review the answers you provided. If you need to make any changes, please select "Edit" to return to that part of the application and make the correction.

✓ **Age**

Edit

You must be 18 or older to fill out this application. Are you 18 or older?: **Yes**

✓ **U.S. Mailing Address**

Edit

Do you have a U.S. mailing address?: **Yes**

✓ **Social Security Number**

Edit

Does the person who the application is for already have a Social Security Number (SSN)?: **Yes**

✓ **Citizenship Status**

Edit

Is the individual for whom you are applying a U.S. citizen?: **No**

✓ **Applying For**

Edit


Are you an adult applying for: **Someone Else**

✓ **Your Name**

Edit


If you are applying for someone else, what is YOUR name?: **John Smith**

<input checked="" type="checkbox"/> <b>Date of Birth</b>	<a href="#">Edit</a>
What is the individual's date of birth?: <b>January 1, 1980</b>	
<input checked="" type="checkbox"/> <b>Relationship</b>	<a href="#">Edit</a>
What is YOUR relationship to the individual?: <b>Court Appointed Legal Guardian</b>	
<input checked="" type="checkbox"/> <b>Individual's Capability</b>	<a href="#">Edit</a>
Is the individual for whom you are applying physically or mentally able to file an application on his or her own?: <b>No</b>	
<input checked="" type="checkbox"/> <b>Name Change</b>	
Are you requesting a name change for the individual?: <b>No</b>	
<input checked="" type="checkbox"/> <b>Place of Birth</b>	<a href="#">Edit</a>
Where is the individual's place of birth?: <b>Wellington, New Zealand</b>	
<input checked="" type="checkbox"/> <b>Assigned Social Security Number</b>	
What is your Social Security Number (SSN)?: <b>123-45-8976</b>	
<input checked="" type="checkbox"/> <b>Name</b>	<a href="#">Edit</a>
How should the individual's name appear on the new card?: <b>Jake Smith</b>	
Is the name above the individual's full name at birth?: <b>Yes</b>	
Has the individual ever had a Social Security Number (SSN) card under a name not listed above?: <b>No</b>	

 **Parent's Name** Edit

What is the individual's parent/mother's birth name?: **Not Answered**


What is the individual's parent/father's name?: **Not Answered**

 **U.S. Mailing Address and Phone Number** Edit

What is YOUR mailing address?

Street Address: **123 Main St.**  
City/Town: **Anytown**  
State: **Alaska**  
ZIP Code: **12345**

What is your daytime phone number?: **Not Answered**

 **Documentation** Edit

Identity Documentation For You: **Current, Valid U.S. Driver's license**

Evidence Documentation For The Individual: **Foreign Passport**

Custody and Responsibility Documentation: **Court custody documentation**

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)**

**Next** Edit Exit

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## 203. Non-U.S. Replacement Someone Else Adult - Attestation



### Use Our Online Service To Obtain a Social Security Number Card

#### Next Steps

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

1. Gather the documentation you selected to provide as evidence to the [local SSA office](#).
2. Call your [local SSA office](#) for additional guidance for completing your application.

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

#### Electronic Signature

Please read and accept the following statement to finish the application.

I understand and agree that my application will be signed electronically, which is the legal equivalent of my handwritten signature, when I select the SUBMIT APPLICATION PACKAGE button below. I also understand that my electronic signature means that I intend to apply for a replacement SSN card and have provided the Social Security Administration with accurate information.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

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## 204. Non-U.S. Replacement Someone Else Adult - Success



### Use Our Online Service To Obtain a Social Security Number Card

OSSNAP 07/01/2021

#### COVID UPDATE

During the COVID-19 pandemic, you may be able to provide us an alternative identity evidence document other than what you selected in this application. Please see the Coronavirus (COVID-19) Updates on the public SSA website, for more information.

#### The application has been successfully submitted! Your Online Control Number is O21271044914.

##### As a reminder, the replacement card request is not complete.

In order for the card to be processed, gather the document(s) listed below. You will need to bring this documentation to the office within **45 calendar days**. Call your [local SSA office](#) for additional guidance for completing your application.

You have agreed to provide the following document(s):

1. Current, Valid U.S. Driver's license

You have agreed to provide the following document(s) for the individual:

1. I-94 with Unexpired Foreign Passport
2. Court custody documentation
3. Documentation that the individual is physically or mentally unable to file an application on his or her behalf (e.g., doctor's certification)

#### Printing Assistance

Please provide your online control number and mailing address with your documentation.

##### I've got a printer.

- Print out this page with the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

##### I don't have a printer.

- Write down the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

Print

Done

## 205. Non-U.S. Replacement Someone Else Child - Landing



Social Security

### Use Our Online Service To Obtain A Social Security Number Card

#### Online Social Security Number Application

**Request a Social Security Number (SSN) card online and provide your documentation to the local Social Security Administration (SSA) office.**

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your request, provide your [local SSA office](#) with your documentation.

You must provide your information within **45 calendar days** of your request. If you are requesting an original card you must contact your local SSA office to set up an appointment to bring your documentation into the office. If you are requesting a replacement card, after you complete your online request, provide your original document(s) to your local office.

If you are requesting an original card, once we verify your Department of Homeland Security (DHS) document(s) and complete your request, you will receive the following information:

- Your original card in the mail **within 14 business days after verification of your document(s)**

If you are requesting a replacement card, once we receive your document(s) and complete your request, you will receive the following information:


- Your replacement card **within 14 business days**

Find out which document(s) are required for your **non-citizen** [original card](#), [adult replacement card](#) or [child replacement card](#) request.

[Apply Now](#)

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## 206. Non-U.S. Replacement Someone Else Child - Age 18 or Older

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**


**Online Social Security Number Application**  
\* Indicates required information

**\*You must be 18 or older to fill out this application. Are you 18 or older?**  
 Yes  No

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## 207. Non-U.S. Replacement Someone Else Child - U.S. Mailing Address Available

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Do you have a U.S. mailing address?**  
This includes Fleet Post Office [FPO], Army Post Office [APO] and Diplomatic Post Office [DPO] addresses.


Yes  No

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## 208. Non-U.S. Replacement Someone Else Child - Have an SSN

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\* Does the person who the application is for already have a Social Security Number (SSN)?**

Yes  No

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## 209. Non-U.S. Replacement Someone Else Child - Citizenship



Social Security

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

\* Is the individual for whom you are applying a U.S. Citizen?

Yes

No

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## 210. Non-U.S. Replacement Someone Else Child - Applying For

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information


**\*Are you an adult applying for**  
 Yourself  
 Someone else

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## 211. Non-U.S. Replacement Someone Else Child - Applying For Someone Else Name

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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

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


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## 212. Non-U.S. Replacement Someone Else Child – Individual’s Date of Birth

**Social Security**

Use Our Online Service To Obtain a Social Security Number Card

**Online Social Security Number Application**  
\* Indicates required information

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

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## 213. Non-U.S. Replacement Someone Else Child - Relationship Child

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

**\* 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 type="radio"/> None of the Above

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## 214. Non-U.S. Replacement Someone Else Child - Name Change

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

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


Yes  No

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## 215. Non-U.S. Replacement Someone Else Child - Individual's Place of Birth

 **Social Security**

**Use Our Online Service To Obtain a Social Security Number Card**

**Online Social Security Number Application**  
\* Indicates required information

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


U.S.    International

\* City/Town    \* State/Territory

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## 216. Non-U.S. Replacement Someone Else Child - Individual's SSN

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

\* **What is the individual's Social Security Number (SSN)?**

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## 217. Non-U.S. Replacement Someone Else Child - Individual's Name



Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**How does the individual's name appear on the Department of Homeland Security (DHS) document?**

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

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

Yes  No


\* Has the individual ever had a Social Security Number (SSN) card under a name not listed above?

Yes  No

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## 218. Non-U.S. Replacement Someone Else Child - Individual's Parents Names



# Social Security

Use Our Online Service To Obtain a Social Security Number Card

### Online Social Security Number Application

\* Indicates required information

**\*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

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## 219. Non-U.S. Replacement Someone Else Child - U.S. Mailing Address



### Social Security

Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number Application

\* Indicates required information

**What is YOUR mailing address?**  
Enter a valid U.S. address where the Social Security Administration can mail the card.

\* 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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## 220. Non-U.S. Replacement Someone Else Child - Individual's Documentation



### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a foreign Passport as proof of both age and identity.

Generally, ***you must provide at least two documents to prove age, identity, and immigration status.***

#### Social Security Number Documentation

\* Indicates required information

##### \* Identity Documentation for You

Please select a document you can give us to prove identity.

<input type="radio"/> Current, Valid U.S. Driver's license
<input type="radio"/> I-551 Machine Readable Immigrant Visa (MRIV)
<input type="radio"/> I-551 Permanent Resident Card
<input type="radio"/> I-551 (Expired) with I-797 Extension
<input type="radio"/> I-766 Employment Authorization Document (EAD) Card
<input type="radio"/> I-872 American Indian Card
<input type="radio"/> I-94 with No Foreign Passport
<input type="radio"/> Order of Immigration Judge
<input type="radio"/> Foreign Passport
<input type="radio"/> U.S. State Identity Card
<input type="radio"/> U.S. Passport
<input type="radio"/> Other

**\*Evidence Documentation For The Individual**

Please select all the documentation that the individual can give us to prove their age, identity and immigration status.

<input type="checkbox"/> Foreign Passport
<input type="checkbox"/> I-551 Permanent Resident Card
<input type="checkbox"/> I-94 with No Foreign Passport
<input type="checkbox"/> I-94 with Unexpired Foreign Passport
<input type="checkbox"/> I-766 Employment Authorization Document (EAD) Card
<input type="checkbox"/> Admit (ADM) Stamp in Unexpired Foreign Passport
<input type="checkbox"/> I-551 Stamp (Temporary)
<input type="checkbox"/> Current, Valid U.S. Drivers License
<input type="checkbox"/> I-551 Machine Readable Immigrant Visa (MRIV)
<input type="checkbox"/> U.S. State Identity Card
<input type="checkbox"/> Birth Certificate - Foreign
<input type="checkbox"/> DS-2019 Certificate of Eligibility
<input type="checkbox"/> I-20 Certificate of Eligibility
<input type="checkbox"/> Other

**\*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 individual 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

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## 221. Non-U.S. Replacement Someone Else Child - Individual's Documentation - Name Change



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Online Social Security Number 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 name, date of birth or age.
- We may use one document for two purposes. For example, we may use a foreign Passport as proof of both age and identity.

Generally, *you must provide at least two documents to prove age, identity, and immigration status.*

#### Social Security Number Documentation

\* Indicates required information

##### \* Identity Documentation for You

Please select a document you can give us to prove identity.

<input type="radio"/> Current, Valid U.S. Driver's license
<input type="radio"/> I-551 Machine Readable Immigrant Visa (MRIV)
<input type="radio"/> I-551 Permanent Resident Card
<input type="radio"/> I-551 (Expired) with I-797 Extension
<input type="radio"/> I-766 Employment Authorization Document (EAD) Card
<input type="radio"/> I-872 American Indian Card
<input type="radio"/> I-94 with No Foreign Passport
<input type="radio"/> Order of Immigration Judge
<input type="radio"/> Foreign Passport
<input type="radio"/> U.S. State Identity Card
<input type="radio"/> U.S. Passport
<input type="radio"/> Other

**\*Evidence Documentation For The Individual**

Please select all the documentation that the individual can give us to prove their age, identity and immigration status.

<input type="checkbox"/> Foreign Passport
<input type="checkbox"/> I-551 Permanent Resident Card
<input type="checkbox"/> I-94 with No Foreign Passport
<input type="checkbox"/> I-94 with Unexpired Foreign Passport
<input type="checkbox"/> I-766 Employment Authorization Document (EAD) Card
<input type="checkbox"/> Admit (ADM) Stamp in Unexpired Foreign Passport
<input type="checkbox"/> I-551 Stamp (Temporary)
<input type="checkbox"/> Current, Valid U.S. Drivers License
<input type="checkbox"/> I-551 Machine Readable Immigrant Visa (MRIV)
<input type="checkbox"/> U.S. State Identity Card
<input type="checkbox"/> Birth Certificate - Foreign
<input type="checkbox"/> DS-2019 Certificate of Eligibility
<input type="checkbox"/> I-20 Certificate of Eligibility
<input type="checkbox"/> Other

**\*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 individual 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

**\*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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## 222. Non-U.S. Replacement Someone Else Child - Review and Edit



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Review and Edit

Please review the answers you provided. If you need to make any changes, please select "Edit" to return to that part of the application and make the correction.

✓ **Age**

Edit

You must be 18 or older to fill out this application. Are you 18 or older?: **Yes**

✓ **U.S. Mailing Address**

Edit

Do you have a U.S. mailing address?: **Yes**

✓ **Social Security Number**

Edit

Does the person who the application is for already have a Social Security Number (SSN)?: **Yes**

✓ **Citizenship Status**

Edit

Is the individual for whom you are applying a U.S. citizen?: **No**

✓ **Applying For**

Edit

Are you an adult applying for: **Someone Else**

✓ **Your Name**

Edit

If you are applying for someone else, what is YOUR name?: **John Smith**

<input checked="" type="checkbox"/> <b>Date of Birth</b>	<a href="#">Edit</a>
What is the individual's date of birth?: <b>January 1, 2017</b>	
<input checked="" type="checkbox"/> <b>Relationship</b>	<a href="#">Edit</a>
What is YOUR relationship to and responsibility for the individual?: <b>Custodial Father</b>	
<input checked="" type="checkbox"/> <b>Name Change</b>	
Are you requesting a name change for the individual?: <b>No</b>	
<input checked="" type="checkbox"/> <b>Place of Birth</b>	
Where is the individual's place of birth?: <b>Wellington, New Zealand</b>	
<input checked="" type="checkbox"/> <b>Assigned Social Security Number</b>	
What is your Social Security Number (SSN)?: <b>123-45-8976</b>	
<input checked="" type="checkbox"/> <b>Name</b>	<a href="#">Edit</a>
How should the individual's name appear on the new card?: <b>Jake Smith</b>	
Is the name above the individual's full name at birth?: <b>Yes</b>	
Has the individual ever had a Social Security Number (SSN) card under a name not listed above?: <b>No</b>	



**✔ Parent's Name** Edit

What is the individual's parent/mother's birth name?: **Not Answered**

What is the individual's parent/father's name?: **Not Answered**

**✔ U.S. Mailing Address and Phone Number** Edit

What is YOUR mailing address?

Street Address: **123 Main St.**  
City/Town: **Anytown**  
State: **Alaska**  
ZIP Code: **12345**

What is your daytime phone number?: **Not Answered**

**✔ Documentation** Edit

Identity Documentation For You: **Current, Valid U.S. Driver's license**

Evidence Documentation For The Individual: **Foreign Passport**

Custody and Responsibility Documentation: **Court custody documentation**

**Next** Edit Exit

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## 223. Non-U.S. Replacement Someone Else Child - Attestation



Social Security

### Use Our Online Service To Obtain a Social Security Number Card

#### Next Steps

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

1. Gather the documentation you selected to provide as evidence to the [local SSA office](#).
2. Call your [local SSA office](#) for additional guidance for completing your application.

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

#### Electronic Signature

Please read and accept the following statement to finish the application.

I understand and agree that my application will be signed electronically, which is the legal equivalent of my handwritten signature, when I select the SUBMIT APPLICATION PACKAGE button below. I also understand that my electronic signature means that I intend to apply for a replacement SSN card and have provided the Social Security Administration with accurate information.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

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## 224. Non-U.S. Replacement Someone Else Child - Success



### Social Security

#### Use Our Online Service To Obtain a Social Security Number Card

OSSNAP 07/01/2021

##### COVID UPDATE

During the COVID-19 pandemic, you may be able to provide us an alternative identity evidence document other than what you selected in this application. Please see the Coronavirus (COVID-19) Updates on the public SSA website, for more information.

##### The application has been successfully submitted! Your Online Control Number is O21271044914.

##### As a reminder, the original card request is not complete.

In order for the card to be processed, gather the document(s) listed below. You will need to bring this documentation to the office within **45 calendar days**. Call your [local SSA office](#) for additional guidance for completing your application.

You have agreed to provide the following document(s):

1. Current, Valid U.S. Driver's license

You have agreed to provide the following document(s) for the individual:

1. Foreign Passport
2. Court custody documentation

##### Printing Assistance

Please provide your online control number and mailing address with your documentation.

##### I've got a printer.

- Print out this page with the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

##### I don't have a printer.

- Write down the Online Control Number and provide it with your document(s) to the local office.
- You will not receive the replacement card until you submit the document(s).

Print

Done