



DESIGN SPECIFICATIONS DOCUMENT

OSSNAP SCREEN PACKAGE

DRAFT



proven. design. solutions.

Table of Contents

Design Specification Document Version Information 9

1. U.S. Original Self - Landing..... 10

2. U.S. Original Self - Age 18 or Older 11

2.1. U.S. Original Self - Age 18 or Older – No..... 12

3. U.S. Original Self - U.S. Mailing Address Available..... 13

3.1. U.S. Original Self - U.S. Mailing Address Available – No 14

4. U.S. Original Self - Have an SSN 15

5. U.S. Original Self - Citizenship 16

6. U.S. Original Self - Applying For 17

7. U.S. Original Self - Date of Birth 18

8. U.S. Original Self - Place of Birth 19

8.1. U.S. Original Self - Place of Birth - International..... 20

9. U.S. Original Self - Name 21

9.1. U.S. Original Self – Name – Dynamic Content Expanded 22

10. U.S. Original Self - Sex 23

11. U.S. Original Self - Parents Names 24

12. U.S. Original Self - U.S. Mailing Address 25

13. U.S. Original Self - U.S. Documentation 26

14. U.S. Original Self - Review and Edit..... 28

15. U.S. Original Self - Attestation 30

15.1. U.S. Original Self – Attestation – Acknowledgement Checked..... 31

16. U.S. Original Self - Success 32

17. U.S. Original Someone Else Adult - Landing..... 34

18. U.S. Original Someone Else Adult - Age 18 or Older..... 35

19. U.S. Original Someone Else Adult - U.S. Mailing Address Available 36

20. U.S. Original Someone Else Adult - Have an SSN 37

21. U.S. Original Someone Else Adult - Citizenship..... 38

22. U.S. Original Someone Else Adult - Applying For 39

23. U.S. Original Someone Else Adult - Applying For Someone Else Name..... 40

24. U.S. Original Someone Else Adult – Individual’s Date of Birth 41

25. U.S. Original Someone Else Adult - Relationship Adult 42

25.1. U.S. Original Someone Else Adult - Relationship Adult – None of the Above 43

26. U.S. Original Someone Else Adult - Individual Capabilities..... 44

26.1. U.S. Original Someone Else Adult - Individual Capabilities – Yes 45

27. U.S. Original Someone Else Adult - Individual's Place of Birth 46

28. U.S. Original Someone Else Adult - Individual's Name 47

29. U.S. Original Someone Else Adult - Individual's Sex 48

30. U.S. Original Someone Else Adult - Individual's Parents Names 49

31. U.S. Original Someone Else Adult - U.S. Mailing Address..... 50

32. U.S. Original Someone Else Adult - Individual's U.S. Documentation 51

32.1. U.S. Original Someone Else Adult - Individual's U.S. Documentation – State-issued non-driver identification card..... 55

32.2. U.S. Original Someone Else Adult - Individual's U.S. Documentation – U.S. Passport 56

32.3. U.S. Original Someone Else Adult - Individual's U.S. Documentation – None of the Above..... 57

33. U.S. Original Someone Else Adult - Review and Edit 58

34. U.S. Original Someone Else Adult - Attestation 61

35. U.S. Original Someone Else Adult - Success..... 62

36. U.S. Original Someone Else Child - Landing 64

37. U.S. Original Someone Else Child - Age 18 or Older 65

38. U.S. Original Someone Else Child - U.S. Mailing Address Available..... 66

39. U.S. Original Someone Else Child - Have an SSN..... 67

40. U.S. Original Someone Else Child - Citizenship 68

41. U.S. Original Someone Else Child - Applying For 69

42. U.S. Original Someone Else Child - Applying For Someone Else Name 70

43. U.S. Original Someone Else Child – Individual’s Date of Birth 71

44. U.S. Original Someone Else Child - Relationship Child..... 72

45. U.S. Original Someone Else Child - Individual's Place of Birth 73

46. U.S. Original Someone Else Child - Individual's Name 74

47. U.S. Original Someone Else Child - Individual's Sex 75

48. U.S. Original Someone Else Child - Individual's Parents Names 76

49. U.S. Original Someone Else Child - U.S. Mailing Address..... 77

50. U.S. Original Someone Else Child - Individual's U.S. Documentation 78

51. U.S. Original Someone Else Child - Review and Edit..... 82

52. U.S. Original Someone Else Child - Attestation..... 85

53. U.S. Original Someone Else Child - Success 86

54. U.S. Replacement Self - Landing 88

55. U.S. Replacement Self - Age 18 or Older 89

56. U.S. Replacement Self - U.S. Mailing Address Available..... 90

57. U.S. Replacement Self - Have an SSN..... 91

58. U.S. Replacement Self - Citizenship	92
59. U.S. Replacement Self - Applying For.....	93
60. U.S. Replacement Self - Date of Birth	94
61. U.S. Replacement Self - Name Change	95
62. U.S. Replacement Self - Place of Birth	96
63. U.S. Replacement Self - SSN.....	97
64. U.S. Replacement Self - Name	98
65. U.S. Replacement Self - Parents Names	99
66. U.S. Replacement Self - U.S. Mailing Address.....	100
67. U.S. Replacement Self - U.S. Documentation	101
68. U.S. Replacement Self - U.S. Documentation - Name Change	102
68.1. U.S. Replacement Self - U.S. Documentation - Name Change – Amended Birth Certificate	104
68.2. U.S. Replacement Self - U.S. Documentation - Name Change – Court Order for a Name Change	105
68.3. U.S. Replacement Self - U.S. Documentation - Name Change – Marriage Document/U.S. only	106
68.4. U.S. Replacement Self - U.S. Documentation - Name Change – Divorce decree	107
69. U.S. Replacement Self - Review and Edit.....	108
70. U.S. Replacement Self - Attestation.....	110
71. U.S. Replacement Self - Success	111
72. U.S. Replacement Someone Else Adult - Landing.....	113
73. U.S. Replacement Someone Else Adult - Age 18 or Older	114
74. U.S. Replacement Someone Else Adult - U.S. Mailing Address Available	115
75. U.S. Replacement Someone Else Adult - Have an SSN	116
76. U.S. Replacement Someone Else Adult - Citizenship.....	117
77. U.S. Replacement Someone Else Adult - Applying For	118
78. U.S. Replacement Someone Else Adult - Applying For Someone Else Name	119
79. U.S. Replacement Someone Else Adult – Individual’s Date of Birth.....	120
80. U.S. Replacement Someone Else Adult - Relationship Adult.....	121
81. U.S. Replacement Someone Else Adult - Individual Capabilities	122
82. U.S. Replacement Someone Else Adult - Name Change.....	123
83. U.S. Replacement Someone Else Adult - Individual's Place of Birth.....	124
84. U.S. Replacement Someone Else Adult - Individual's SSN	125
85. U.S. Replacement Someone Else Adult - Individual's Name.....	126
86. U.S. Replacement Someone Else Adult - Individual's Parents Names.....	127
87. U.S. Replacement Someone Else Adult - U.S. Mailing Address	128
88. U.S. Replacement Someone Else Adult - Individual's U.S. Documentation.....	129

89. U.S. Replacement Someone Else Adult - Individual's U.S. Documentation - Name Change..... 131

90. U.S. Replacement Someone Else Adult - Review and Edit..... 133

91. U.S. Replacement Someone Else Adult - Attestation 136

92. U.S. Replacement Someone Else Adult - Success 137

93. U.S. Replacement Someone Else Child - Landing 139

94. U.S. Replacement Someone Else Child - Age 18 or Older..... 140

95. U.S. Replacement Someone Else Child - U.S. Mailing Address Available 141

96. U.S. Replacement Someone Else Child - Have an SSN 142

97. U.S. Replacement Someone Else Child - Citizenship 143

98. U.S. Replacement Someone Else Child - Applying For..... 144

99. U.S. Replacement Someone Else Child - Applying For Someone Else Name..... 145

100. U.S. Replacement Someone Else Child – Individual’s Date of Birth 146

101. U.S. Replacement Someone Else Child - Relationship Child..... 147

102. U.S. Replacement Someone Else Child - Name Change 148

103. U.S. Replacement Someone Else Child - Individual's Place of Birth 149

104. U.S. Replacement Someone Else Child - Individual's SSN..... 150

105. U.S. Replacement Someone Else Child - Individual's Name 151

106. U.S. Replacement Someone Else Child - Individual's Parents Names 152

107. U.S. Replacement Someone Else Child - U.S. Mailing Address..... 153

108. U.S. Replacement Someone Else Child - Individual's U.S. Documentation 154

109. U.S. Replacement Someone Else Child - Individual's U.S. Documentation - Name Change 156

110. U.S. Replacement Someone Else Child - Review and Edit 158

111. U.S. Replacement Someone Else Child - Attestation..... 161

112. U.S. Replacement Someone Else Child - Success..... 162

113. Non-U.S. Original Self - Landing..... 164

114. Non-U.S. Original Self - Age 18 or Older 165

115. Non-U.S. Original Self - U.S. Mailing Address Available..... 166

116. Non-U.S. Original Self - Have an SSN 167

117. Non-U.S. Original Self - Citizenship..... 168

118. Non-U.S. Original Self - Applying For 169

119. Non-U.S. Original Self - Date of Birth..... 170

120. Non-U.S. Original Self - Place of Birth..... 171

121. Non-U.S. Original Self - Name..... 172

122. Non-U.S. Original Self - Sex..... 173

123. Non-U.S. Original Self - Parents Names 174

124. Non-U.S. Original Self - U.S. Mailing Address 175

125. Non-U.S. Original Self - Documentation 176

126. Non-U.S. Original Self - Review and Edit..... 178

127. Non-U.S. Original Self - Attestation 180

128. Non-U.S. Original Self - Success 181

129. Non-U.S. Original Someone Else Adult - Landing 182

130. Non-U.S. Original Someone Else Adult - Age 18 or Older..... 183

131. Non-U.S. Original Someone Else Adult - U.S. Mailing Address Available 184

132. Non-U.S. Original Someone Else Adult - Have an SSN..... 185

133. Non-U.S. Original Someone Else Adult - Citizenship..... 186

134. Non-U.S. Original Someone Else Adult - Applying For 187

135. Non-U.S. Original Someone Else Adult - Applying For Someone Else Name..... 188

136. Non-U.S. Original Someone Else Adult – Individual’s Date of Birth 189

137. Non-U.S. Original Someone Else Adult - Relationship Adult 190

138. Non-U.S. Original Someone Else Adult - Individual Capabilities..... 191

139. Non-U.S. Original Someone Else Adult - Individual's Place of Birth 192

140. Non-U.S. Original Someone Else Adult - Individual's Name 193

141. Non-U.S. Original Someone Else Adult - Individual's Sex 194

142. Non-U.S. Original Someone Else Adult - Individual's Parents Names 195

143. Non-U.S. Original Someone Else Adult - U.S. Mailing Address..... 196

144. Non-U.S. Original Someone Else Adult - Individual's Documentation..... 197

145. Non-U.S. Original Someone Else Adult - Review and Edit 200

146. Non-U.S. Original Someone Else Adult - Attestation 203

147. Non-U.S. Original Someone Else Adult - Success..... 204

148. Non-U.S. Original Someone Else Child - Landing 205

149. Non-U.S. Original Someone Else Child - Age 18 or Older 206

150. Non-U.S. Original Someone Else Child - U.S. Mailing Address Available..... 207

151. Non-U.S. Original Someone Else Child - Have an SSN..... 208

152. Non-U.S. Original Someone Else Child - Citizenship 209

153. Non-U.S. Original Someone Else Child - Applying For 210

154. Non-U.S. Original Someone Else Child - Applying For Someone Else Name 211

155. Non-U.S. Original Someone Else Child – Individual’s Date of Birth 212

156. Non-U.S. Original Someone Else Child - Relationship Child..... 213

157. Non-U.S. Original Someone Else Child - Individual's Place of Birth 214

158. Non-U.S. Original Someone Else Child - Individual's Name 215

159. Non-U.S. Original Someone Else Child - Individual's Sex 216

160. Non-U.S. Original Someone Else Child - Individual's Parents Names 217

161. Non-U.S. Original Someone Else Child - U.S. Mailing Address 218

162. Non-U.S. Original Someone Else Child - Individual's Documentation 219

163. Non-U.S. Original Someone Else Child - Review and Edit 221

164. Non-U.S. Original Someone Else Child - Attestation 224

165. Non-U.S. Original Someone Else Child - Success 225

166. Non-U.S. Replacement Self - Landing 226

167. Non-U.S. Replacement Self - Age 18 or Older 227

168. Non-U.S. Replacement Self - U.S. Mailing Address Available 228

169. Non-U.S. Replacement Self - Have an SSN 229

170. Non-U.S. Replacement Self - Citizenship 230

171. Non-U.S. Replacement Self - Applying For 231

172. Non-U.S. Replacement Self - Date of Birth 232

173. Non-U.S. Replacement Self - Name Change 233

174. Non-U.S. Replacement Self - Place of Birth 234

175. Non-U.S. Replacement Self - SSN 235

176. Non-U.S. Replacement Self - Name 236

177. Non-U.S. Replacement Self - Parents Names 237

178. Non-U.S. Replacement Self - U.S. Mailing Address 238

179. Non-U.S. Replacement Self - Documentation 239

180. Non-U.S. Replacement Self - Documentation - Name Change 241

181. Non-U.S. Replacement Self - Review and Edit 243

182. Non-U.S. Replacement Self - Attestation 245

183. Non-U.S. Replacement Self - Success 246

184. Non-U.S. Replacement Someone Else Adult - Landing 247

185. Non-U.S. Replacement Someone Else Adult - Age 18 or Older 248

186. Non-U.S. Replacement Someone Else Adult - U.S. Mailing Address Available 249

187. Non-U.S. Replacement Someone Else Adult - Have an SSN 250

188. Non-U.S. Replacement Someone Else Adult - Citizenship 251

189. Non-U.S. Replacement Someone Else Adult - Applying For 252

190. Non-U.S. Replacement Someone Else Adult - Applying For Someone Else Name 253

191. Non-U.S. Replacement Someone Else Adult – Individual’s Date of Birth 254

192. Non-U.S. Replacement Someone Else Adult - Relationship Adult 255

193. Non-U.S. Replacement Someone Else Adult - Individual Capabilities 256

194. Non-U.S. Replacement Someone Else Adult - Name Change..... 257

195. Non-U.S. Replacement Someone Else Adult - Individual's Place of Birth..... 258

196. Non-U.S. Replacement Someone Else Adult - Individual's SSN 259

197. Non-U.S. Replacement Someone Else Adult - Individual's Name..... 260

198. Non-U.S. Replacement Someone Else Adult - Individual's Parents Names..... 261

199. Non-U.S. Replacement Someone Else Adult - U.S. Mailing Address 262

200. Non-U.S. Replacement Someone Else Adult - Individual's Documentation 263

201. Non-U.S. Replacement Someone Else Adult - Individual's Documentation - Name Change 266

202. Non-U.S. Replacement Someone Else Adult - Review and Edit..... 269

203. Non-U.S. Replacement Someone Else Adult - Attestation 272

204. Non-U.S. Replacement Someone Else Adult - Success 273

205. Non-U.S. Replacement Someone Else Child - Landing 274

206. Non-U.S. Replacement Someone Else Child - Age 18 or Older..... 275

207. Non-U.S. Replacement Someone Else Child - U.S. Mailing Address Available 276

208. Non-U.S. Replacement Someone Else Child - Have an SSN..... 277

209. Non-U.S. Replacement Someone Else Child - Citizenship 278

210. Non-U.S. Replacement Someone Else Child - Applying For..... 279

211. Non-U.S. Replacement Someone Else Child - Applying For Someone Else Name..... 280

212. Non-U.S. Replacement Someone Else Child – Individual’s Date of Birth 281

213. Non-U.S. Replacement Someone Else Child - Relationship Child..... 282

214. Non-U.S. Replacement Someone Else Child - Name Change 283

215. Non-U.S. Replacement Someone Else Child - Individual's Place of Birth 284

216. Non-U.S. Replacement Someone Else Child - Individual's SSN..... 285

217. Non-U.S. Replacement Someone Else Child - Individual's Name 286

218. Non-U.S. Replacement Someone Else Child - Individual's Parents Names 287

219. Non-U.S. Replacement Someone Else Child - U.S. Mailing Address..... 288

220. Non-U.S. Replacement Someone Else Child - Individual's Documentation 289

221. Non-U.S. Replacement Someone Else Child - Individual's Documentation - Name Change..... 291

222. Non-U.S. Replacement Someone Else Child - Review and Edit 294

223. Non-U.S. Replacement Someone Else Child - Attestation..... 297

224. Non-U.S. Replacement Someone Else Child - Success..... 298

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.

Version Number	Date	Content Revisions	Page #	Revised by
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)				

DRAFT

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](#)

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

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](#)


DRAFT

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 text: "OMB No. 0960-0066 Privacy Policy Privacy Act Statement Accessibility Help". A large "DRAFT" watermark is overlaid diagonally across the page.

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](#)


DRAFT

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 that an asterisk indicates required information. A question asks, "Do you have a U.S. mailing address?" with a sub-note that this includes Fleet Post Office (FPO), Army Post Office (APO), and Diplomatic Post Office (DPO) addresses. Two radio buttons are present: "Yes" (unselected) and "No" (selected). Below this, a yellow error message box states: "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 of the form is a blue "Exit" button. The footer contains links for "OMB No. 0960-0066", "Privacy Policy", "Privacy Act Statement", and "Accessibility Help". A large, light gray "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](#)

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

DRAFT

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](#)

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

DRAFT

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](#)

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

DRAFT

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

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

DRAFT

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

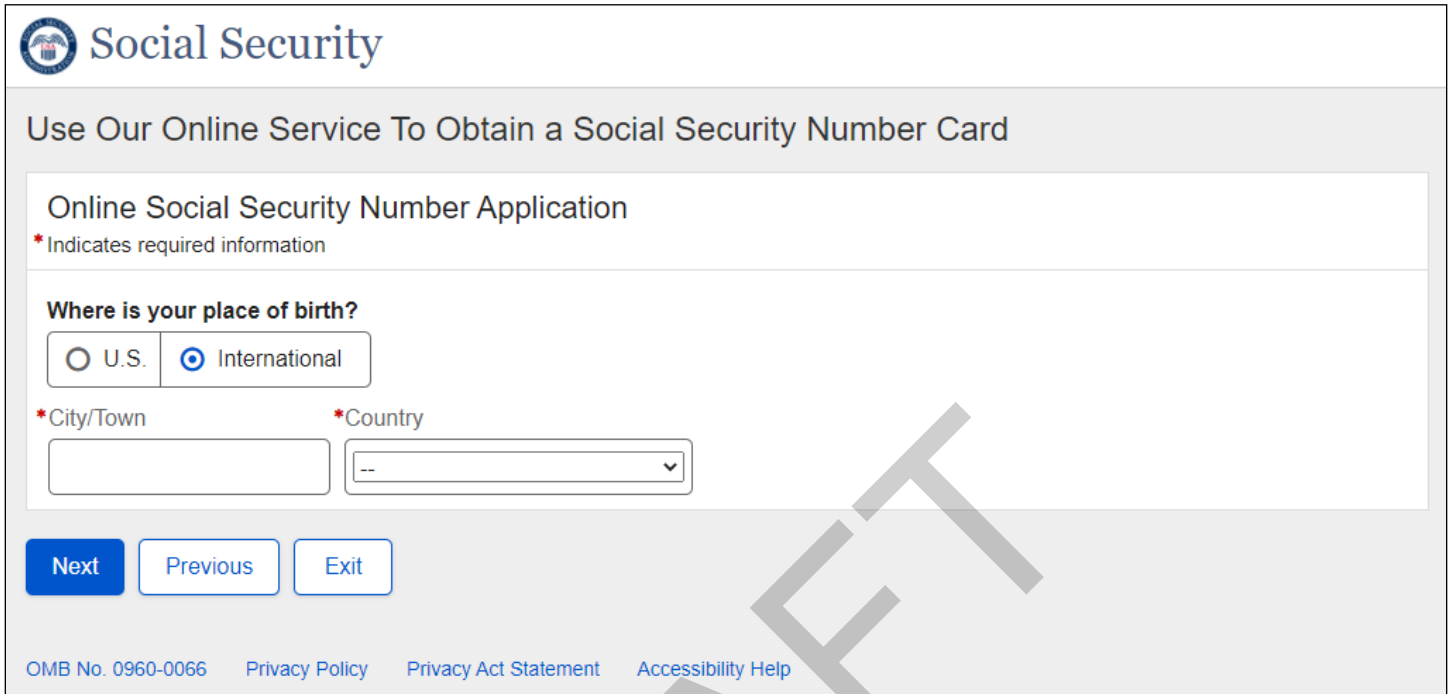
* State/Territory

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

DRAFT


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 a header: "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?" has 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>	<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


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

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

DRAFT

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](#)

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

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](#)

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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)

Next	Previous	Exit
----------------------	--------------------------	----------------------


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

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

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.

[Previous](#)

[Exit](#)

OMB No. 0960-0066


[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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.

[Submit Application Package](#) [Previous](#) [Exit](#)

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

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

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

DRAFT

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](#)


[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

Next **Previous** **Exit**

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

DRAFT

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

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

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

DRAFT

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?


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

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

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

DRAFT

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

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

DRAFT

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

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

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

DRAFT

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](#)

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

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

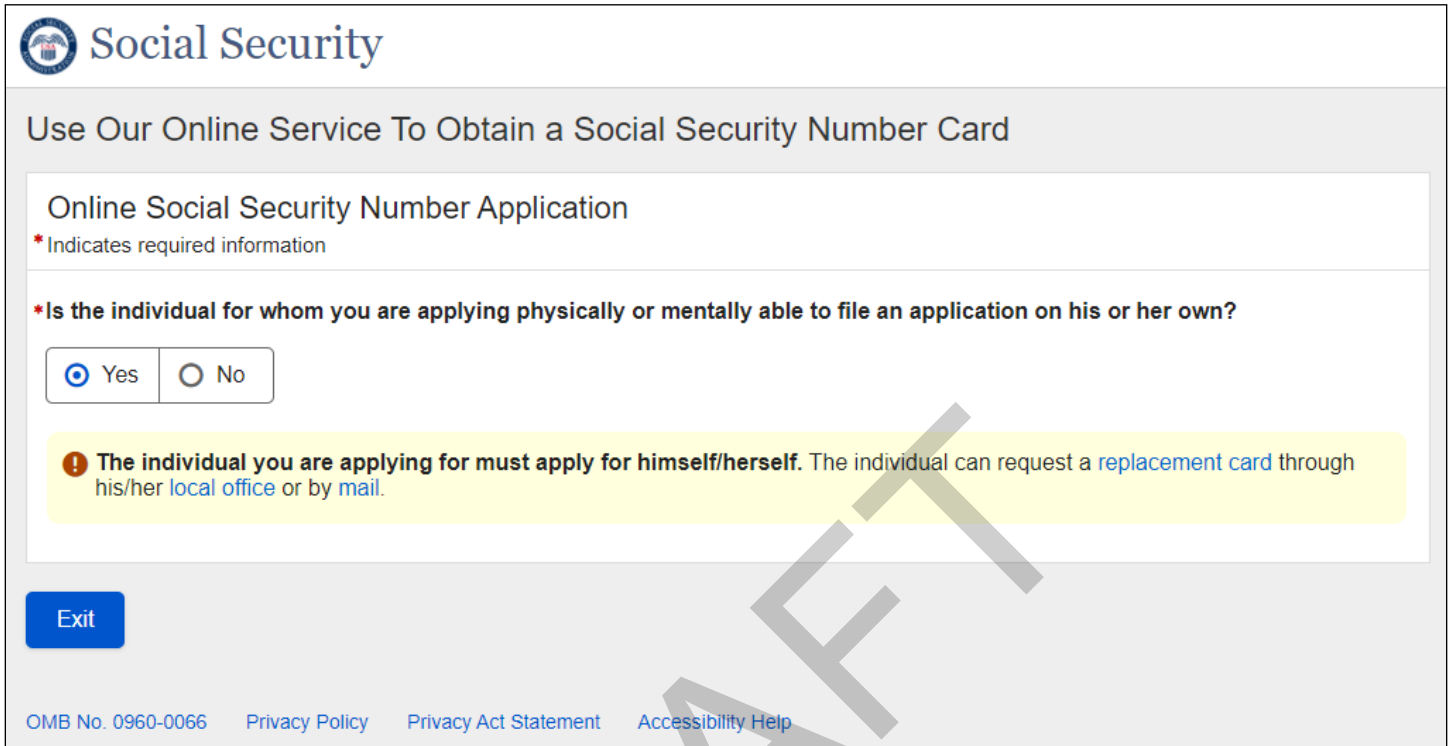
[Next](#) [Previous](#) [Exit](#)


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

DRAFT

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.



 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

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

DRAFT

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

Next

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

DRAFT

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

Next


Previous

Exit

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

DRAFT

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
<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"/>

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

DRAFT

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

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

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

DRAFT

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**

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

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

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

DRAFT

✔ 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

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

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

[Previous](#)

[Exit](#)

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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

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

DRAFT

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.

[Apply Now](#)

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

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

Next **Previous** **Exit**

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

DRAFT

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

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

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

DRAFT

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"/>

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

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

DRAFT

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

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

DRAFT

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

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

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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
<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"/>

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

DRAFT

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

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

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

DRAFT

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?**

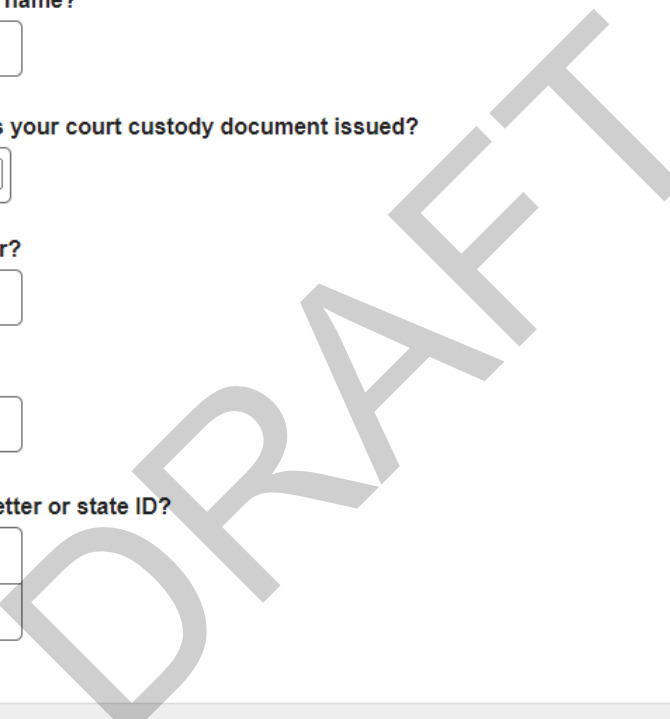
In which state or territory was your court custody document issued?

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



Next	Previous	Exit
----------------------	--------------------------	----------------------

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

DRAFT

✔ 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**

Next Edit Exit

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

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.

[Previous](#)

[Exit](#)

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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

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

DRAFT

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.

[Apply Now](#)


[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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**
 Yourself
 Someone else

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

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

DRAFT

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

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

DRAFT

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

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

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

DRAFT

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

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

DRAFT

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)?**

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

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

DRAFT

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

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

DRAFT

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


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

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

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

DRAFT

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

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

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

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

Next

Previous

Exit

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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

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

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

DRAFT

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"/>
---------------------------------	---------------------------------	----------------------

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

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

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

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

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

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

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

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

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

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

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

What is the marriage record identification/filing number?

<input type="text"/>

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

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

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?

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

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

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

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

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.

[Previous](#)

[Exit](#)

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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

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

DRAFT

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.

[Apply Now](#)


[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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"/>

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

DRAFT

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)?**

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

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

DRAFT

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

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

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

DRAFT

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

*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"/>

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

DRAFT

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

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

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

DRAFT

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)

Continuation

***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

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

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

DRAFT

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

[Next](#)

[Previous](#)

[Exit](#)

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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

[Next](#)

[Edit](#)

[Exit](#)

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

DRAFT

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.

[Previous](#)

[Exit](#)

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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

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

DRAFT

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](#)

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

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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"/>

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

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

DRAFT

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

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

DRAFT

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

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

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

DRAFT

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

Next Previous Exit

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

DRAFT

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

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

DRAFT

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)?**

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

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

DRAFT

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

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

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

DRAFT

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
<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"/>

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

DRAFT

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.	
<input type="text"/>	<input type="text"/>	
* City/Town	* State/Territory	* ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

DRAFT

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)

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

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

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

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

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

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

Next Edit Exit

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

DRAFT

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.

[Previous](#)

[Exit](#)

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

DRAFT

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

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

DRAFT

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

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

DRAFT

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

Next Previous Exit

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

DRAFT

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

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

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

DRAFT

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

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

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

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

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

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

DRAFT

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



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.

[Previous](#)

[Exit](#)

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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



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](#)

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

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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"/>

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

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

DRAFT

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

DRAFT

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?

<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

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

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

DRAFT

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

Next

Previous

Exit

[OMB No. 0960-0066](#)


[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

DRAFT

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"/>

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

DRAFT

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

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

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

DRAFT

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)
--

Next	Previous	Exit
----------------------	--------------------------	----------------------

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

DRAFT

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"/> Relationship	Edit
What is YOUR relationship to the individual?: Court Appointed Legal Guardian	
<input checked="" type="checkbox"/> Individual's Capability	Edit
Is the individual for whom you are applying physically or mentally able to file an application on his or her own?: No	
<input checked="" type="checkbox"/> Place of Birth	Edit
Where is the individual's place of birth?: Wellington, New Zealand	
<input checked="" type="checkbox"/> Name	Edit
How should the individual's name appear on the new card?: Jake Smith	
Is the name above the individual's full name at birth?: Yes	
Has the individual ever used any other names not listed above?: No	
<input checked="" type="checkbox"/> Sex	Edit
What is the individual's sex?: Male	
<input checked="" type="checkbox"/> 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	
<input checked="" type="checkbox"/> 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](#)

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

DRAFT

146. Non-U.S. Original Someone Else Adult - 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.

[Previous](#)

[Exit](#)

OMB No. 0960-0066

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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



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](#)

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

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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"/>

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

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

DRAFT

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

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

DRAFT

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

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

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

DRAFT

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

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

DRAFT

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

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

DRAFT

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

Next

Previous

Exit

[OMB No. 0960-0066](#)


[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

DRAFT

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

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

Unknown


*First Middle *Last Suffix

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

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

DRAFT

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

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

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

DRAFT

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

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

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"/> Relationship	Edit
What is YOUR relationship to and responsibility for the individual?: Custodial Father	
<input checked="" type="checkbox"/> Place of Birth	Edit
Where is the individual's place of birth?: Wellington, New Zealand	
<input checked="" type="checkbox"/> Name	Edit
How should the individual's name appear on the new card?: Jake Smith	
Is the name above the individual's full name at birth?: Yes	
Has the individual ever used any other names not listed above?: No	
<input checked="" type="checkbox"/> Sex	Edit
What is the individual's sex?: Male	
<input checked="" type="checkbox"/> 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	
<input checked="" type="checkbox"/> 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](#)

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

DRAFT

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.

[Previous](#)

[Exit](#)

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

DRAFT

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

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

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

DRAFT

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

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

DRAFT

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)?**

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

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

DRAFT

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

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

DRAFT

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

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

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

DRAFT

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.	
<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

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

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

DRAFT

179. Non-U.S. Replacement Self - Documentation



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

* 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

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

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

DRAFT

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

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

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

DRAFT

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.

[Previous](#)

[Exit](#)

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

183. Non-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 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

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

184. Non-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.

[Apply Now](#)

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

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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"/>

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

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

DRAFT

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

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

DRAFT

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)?**

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

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

DRAFT

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

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

DRAFT

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

*First Middle *Last Suffix

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

Unknown


*First Middle *Last Suffix

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

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

DRAFT

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

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

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

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)
--

Next	Previous	Exit
----------------------	--------------------------	----------------------

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

DRAFT

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

Next

Previous

Exit

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

DRAFT

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**


DRAFT

<input checked="" type="checkbox"/> Date of Birth	Edit
What is the individual's date of birth?: January 1, 1980	
<input checked="" type="checkbox"/> Relationship	Edit
What is YOUR relationship to the individual?: Court Appointed Legal Guardian	
<input checked="" type="checkbox"/> Individual's Capability	Edit
Is the individual for whom you are applying physically or mentally able to file an application on his or her own?: No	
<input checked="" type="checkbox"/> Name Change	
Are you requesting a name change for the individual?: No	
<input checked="" type="checkbox"/> Place of Birth	Edit
Where is the individual's place of birth?: Wellington, New Zealand	
<input checked="" type="checkbox"/> Assigned Social Security Number	
What is your Social Security Number (SSN)?: 123-45-8976	
<input checked="" type="checkbox"/> Name	Edit
How should the individual's name appear on the new card?: Jake Smith	
Is the name above the individual's full name at birth?: Yes	
Has the individual ever had a Social Security Number (SSN) card under a name not listed above?: No	

 **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

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

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.

[Previous](#)

[Exit](#)

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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](#)

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

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

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

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

DRAFT

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

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

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

DRAFT

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

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

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

DRAFT

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

Next

Previous

Exit

[OMB No. 0960-0066](#)


[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

DRAFT

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

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

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

DRAFT

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"/>

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

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

DRAFT

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

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

DRAFT

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

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

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

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

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

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

DRAFT

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

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

DRAFT

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)?**

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

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

DRAFT

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

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

DRAFT

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

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

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

DRAFT

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

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

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

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

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

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

Next

Previous

Exit

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

DRAFT

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"/> Date of Birth	Edit
What is the individual's date of birth?: January 1, 2017	
<input checked="" type="checkbox"/> Relationship	Edit
What is YOUR relationship to and responsibility for the individual?: Custodial Father	
<input checked="" type="checkbox"/> Name Change	
Are you requesting a name change for the individual?: No	
<input checked="" type="checkbox"/> Place of Birth	
Where is the individual's place of birth?: Wellington, New Zealand	
<input checked="" type="checkbox"/> Assigned Social Security Number	
What is your Social Security Number (SSN)?: 123-45-8976	
<input checked="" type="checkbox"/> Name	Edit
How should the individual's name appear on the new card?: Jake Smith	
Is the name above the individual's full name at birth?: Yes	
Has the individual ever had a Social Security Number (SSN) card under a name not listed above?: No	



 **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

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

223. Non-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.

[Previous](#)

[Exit](#)

OMB No. 0960-0066

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

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