



DESIGN SPECIFICATIONS DOCUMENT

OSSNAP SCREEN PACKAGE

Table of Contents

1. U.S. Original Self - Landing.....	9
2. All Paths - Privacy Act Statement.....	10
3. U.S. Original Self - Age 18 or Older.....	11
3.1. U.S. Original Self - Age 18 or Older – No.....	12
4. U.S. Original Self - U.S. Mailing Address Available.....	13
4.1. U.S. Original Self - U.S. Mailing Address Available – No.....	14
5. U.S. Original Self - Have an SSN.....	15
6. U.S. Original Self - Citizenship.....	16
7. U.S. Original Self - Applying For.....	17
8. U.S. Original Self - Date of Birth.....	18
9. U.S. Original Self - Place of Birth.....	19
9.1. U.S. Original Self - Place of Birth - International.....	20
10. U.S. Original Self - Name.....	21
10.1. U.S. Original Self – Name – Dynamic Content Expanded.....	22
11. U.S. Original Self - Sex.....	23
12. U.S. Original Self - Parents Names.....	24
13. U.S. Original Self - U.S. Mailing Address.....	25
14. U.S. Original Self – Race and Ethnicity.....	26
15. U.S. Original Self - U.S. Documentation – Age.....	28
16. U.S. Original Self – Citizenship.....	35
17. U.S. Original Self – Documentation – Identity.....	49
18. U.S. Original Self - Review and Edit.....	65
19. U.S. Original Self - Attestation.....	67
19.1. U.S. Original Self – Attestation – Acknowledgement Checked.....	68
20. U.S. Original Self - Success.....	69
21. U.S. Original Someone Else Adult - Landing.....	72
22. U.S. Original Someone Else Adult - Age 18 or Older.....	73
23. U.S. Original Someone Else Adult - U.S. Mailing Address Available.....	74
24. U.S. Original Someone Else Adult - Have an SSN.....	75
25. U.S. Original Someone Else Adult - Citizenship.....	76
26. U.S. Original Someone Else Adult - Applying For.....	77
27. U.S. Original Someone Else Adult - Applying For Someone Else Name.....	78
28. U.S. Original Someone Else Adult – Individual’s Date of Birth.....	79
29. U.S. Original Someone Else Adult - Relationship Adult.....	80
29.1. U.S. Original Someone Else Adult - Relationship Adult – None of the Above.....	81

30. U.S. Original Someone Else Adult - Individual Capabilities.....82
 30.1. U.S. Original Someone Else Adult - Individual Capabilities – Yes.....83
 31. U.S. Original Someone Else Adult - Individual's Place of Birth.....84
 32. U.S. Original Someone Else Adult - Individual's Name.....85
 33. U.S. Original Someone Else Adult - Individual's Sex.....86
 34. U.S. Original Someone Else Adult - Individual's Parents Names.....87
 35. U.S. Original Someone Else Adult - U.S. Mailing Address.....88
 36. U.S. Original Someone Else – Adult – Race and Ethnicity.....89
 37. U.S. Original Someone Else – Adult – Proof of Identity.....90
 38. U.S. Original Someone Else – Adult – Proof of Age for Individual.....91
 39. U.S. Original Someone Else – Adult – Proof of Citizenship for Individual.....92
 40. U.S. Original Someone Else – Adult – Proof of Identity for Individual.....93
 41. U.S. Original Someone Else Adult - Review and Edit.....94
 42. U.S. Original Someone Else Adult - Attestation.....97
 43. U.S. Original Someone Else Adult - Success.....98
 44. U.S. Original Someone Else Child - Landing.....99
 45. U.S. Original Someone Else Child - Age 18 or Older.....100
 46. U.S. Original Someone Else Child - U.S. Mailing Address Available.....101
 47. U.S. Original Someone Else Child - Have an SSN.....102
 48. U.S. Original Someone Else Child - Citizenship.....103
 49. U.S. Original Someone Else Child - Applying For.....104
 50. U.S. Original Someone Else Child - Applying For Someone Else Name.....105
 51. U.S. Original Someone Else Child – Individual's Date of Birth.....106
 52. U.S. Original Someone Else Child - Relationship Child.....107
 53. U.S. Original Someone Else Child - Individual's Place of Birth.....108
 54. U.S. Original Someone Else Child - Individual's Name.....109
 55. U.S. Original Someone Else Child - Individual's Sex.....110
 56. U.S. Original Someone Else Child - Individual's Parents Names.....111
 57. U.S. Original Someone Else Child - U.S. Mailing Address.....112
 58. U.S. Original Someone Else Child – Race and Ethnicity.....113
 59. U.S. Original Someone Else Child - Individual's Identity.....114
 60. U.S. Original Someone Else Child – Proof of Age for Child.....115
 61. U.S. Original Someone Else Child – Proof of Citizenship for Child.....116
 62. U.S. Original Someone Else Child – Proof of Identity for Child.....117
 63. U.S. Original Someone Else Child - Review and Edit.....118
 64. U.S. Original Someone Else Child - Attestation.....121
 65. U.S. Original Someone Else Child - Success.....122

66. U.S. Replacement Self - Landing.....123

67. U.S. Replacement Self - Age 18 or Older.....124

68. U.S. Replacement Self - U.S. Mailing Address Available.....125

69. U.S. Replacement Self - Have an SSN.....126

70. U.S. Replacement Self - Citizenship.....127

71. U.S. Replacement Self - Applying For.....128

72. U.S. Replacement Self - Date of Birth.....129

73. U.S. Replacement Self - Name Change.....130

74. U.S. Replacement Self - Place of Birth.....131

75. U.S. Replacement Self - SSN.....132

76. U.S. Replacement Self - Name.....133

65. U.S. Replacement Self - Parents Names.....134

66. U.S. Replacement Self - U.S. Mailing Address.....135

67. U.S. Replacement Self - U.S. Documentation.....136

68. U.S. Replacement Self - U.S. Documentation - Name Change.....137

 68.1. U.S. Replacement Self - U.S. Documentation - Name Change – Amended Birth Certificate 139

 68.2. U.S. Replacement Self - U.S. Documentation - Name Change – Court Order for a Name Change.....140

 68.3. U.S. Replacement Self - U.S. Documentation - Name Change – Marriage Document/U.S. only.....141

 68.4. U.S. Replacement Self - U.S. Documentation - Name Change – Divorce decree.....142

69. U.S. Replacement Self - Review and Edit.....143

70. U.S. Replacement Self - Attestation.....146

71. U.S. Replacement Self - Success.....147

72. U.S. Replacement Someone Else Adult - Landing.....150

73. U.S. Replacement Someone Else Adult - Age 18 or Older.....151

74. U.S. Replacement Someone Else Adult - U.S. Mailing Address Available.....152

75. U.S. Replacement Someone Else Adult - Have an SSN.....153

76. U.S. Replacement Someone Else Adult - Citizenship.....154

77. U.S. Replacement Someone Else Adult - Applying For.....155

78. U.S. Replacement Someone Else Adult - Applying For Someone Else Name.....156

79. U.S. Replacement Someone Else Adult – Individual’s Date of Birth.....157

80. U.S. Replacement Someone Else Adult - Relationship Adult.....158

81. U.S. Replacement Someone Else Adult - Individual Capabilities.....159

82. U.S. Replacement Someone Else Adult - Name Change.....160

83. U.S. Replacement Someone Else Adult - Individual's Place of Birth.....161

84. U.S. Replacement Someone Else Adult - Individual's SSN.....162

85. U.S. Replacement Someone Else Adult - Individual's Name.....163

86. U.S. Replacement Someone Else Adult - Individual's Parents Names.....164

87. U.S. Replacement Someone Else Adult - U.S. Mailing Address.....165

88. U.S. Replacement Someone Else Adult - Individual's U.S. Documentation.....166

89. U.S. Replacement Someone Else Adult - Individual's U.S. Documentation - Name Change.....168

90. U.S. Replacement Someone Else Adult - Review and Edit.....170

91. U.S. Replacement Someone Else Adult - Attestation.....173

92. U.S. Replacement Someone Else Adult - Success.....174

93. U.S. Replacement Someone Else Child - Landing.....175

94. U.S. Replacement Someone Else Child - Age 18 or Older.....176

95. U.S. Replacement Someone Else Child - U.S. Mailing Address Available.....177

96. U.S. Replacement Someone Else Child - Have an SSN.....178

97. U.S. Replacement Someone Else Child - Citizenship.....179

98. U.S. Replacement Someone Else Child - Applying For.....180

99. U.S. Replacement Someone Else Child - Applying For Someone Else Name.....181

100. U.S. Replacement Someone Else Child – Individual's Date of Birth.....182

101. U.S. Replacement Someone Else Child - Relationship Child.....183

102. U.S. Replacement Someone Else Child - Name Change.....184

103. U.S. Replacement Someone Else Child - Individual's Place of Birth.....185

104. U.S. Replacement Someone Else Child - Individual's SSN.....186

105. U.S. Replacement Someone Else Child - Individual's Name.....187

106. U.S. Replacement Someone Else Child - Individual's Parents Names.....188

107. U.S. Replacement Someone Else Child - U.S. Mailing Address.....189

108. U.S. Replacement Someone Else Child - Individual's U.S. Documentation.....190

109. U.S. Replacement Someone Else Child - Individual's U.S. Documentation - Name Change....192

110. U.S. Replacement Someone Else Child - Review and Edit.....194

111. U.S. Replacement Someone Else Child - Attestation.....197

112. U.S. Replacement Someone Else Child - Success.....198

113. Non-U.S. Original Self - Landing.....199

114. Non-U.S. Original Self - Age 18 or Older.....200

115. Non-U.S. Original Self - U.S. Mailing Address Available.....201

116. Non-U.S. Original Self - Have an SSN.....202

117. Non-U.S. Original Self - Citizenship.....203

118. Non-U.S. Original Self - Applying For.....204

119. Non-U.S. Original Self - Date of Birth.....205

120. Non-U.S. Original Self - Place of Birth.....206

121. Non-U.S. Original Self - Name.....207

122. Non-U.S. Original Self - Sex.....208

123. Non-U.S. Original Self - Parents Names.....209

124. Non-U.S. Original Self - U.S. Mailing Address.....210

125. Non-U.S. Original Self - Documentation.....211

126. Non-U.S. Original Self - Review and Edit.....213

127. Non-U.S. Original Self - Attestation.....215

128. Non-U.S. Original Self - Success.....216

129. Non-U.S. Original Someone Else Adult - Landing.....217

130. Non-U.S. Original Someone Else Adult - Age 18 or Older.....218

131. Non-U.S. Original Someone Else Adult - U.S. Mailing Address Available.....219

132. Non-U.S. Original Someone Else Adult - Have an SSN.....220

133. Non-U.S. Original Someone Else Adult - Citizenship.....221

134. Non-U.S. Original Someone Else Adult - Applying For.....222

135. Non-U.S. Original Someone Else Adult - Applying For Someone Else Name.....223

136. Non-U.S. Original Someone Else Adult – Individual’s Date of Birth.....224

137. Non-U.S. Original Someone Else Adult - Relationship Adult.....225

138. Non-U.S. Original Someone Else Adult - Individual Capabilities.....226

139. Non-U.S. Original Someone Else Adult - Individual's Place of Birth.....227

140. Non-U.S. Original Someone Else Adult - Individual's Name.....228

141. Non-U.S. Original Someone Else Adult - Individual's Sex.....229

142. Non-U.S. Original Someone Else Adult - Individual's Parents Names.....230

143. Non-U.S. Original Someone Else Adult - U.S. Mailing Address.....231

144. Non-U.S. Original Someone Else Adult - Individual's Documentation.....232

145. Non-U.S. Original Someone Else Adult - Review and Edit.....235

146. Non-U.S. Original Someone Else Adult - Attestation.....238

147. Non-U.S. Original Someone Else Adult - Success.....239

148. Non-U.S. Original Someone Else Child - Landing.....240

149. Non-U.S. Original Someone Else Child - Age 18 or Older.....241

150. Non-U.S. Original Someone Else Child - U.S. Mailing Address Available.....242

151. Non-U.S. Original Someone Else Child - Have an SSN.....243

152. Non-U.S. Original Someone Else Child - Citizenship.....244

153. Non-U.S. Original Someone Else Child - Applying For.....245

154. Non-U.S. Original Someone Else Child - Applying For Someone Else Name.....246

155. Non-U.S. Original Someone Else Child – Individual’s Date of Birth.....247

156. Non-U.S. Original Someone Else Child - Relationship Child.....248

157. Non-U.S. Original Someone Else Child - Individual's Place of Birth.....249

158. Non-U.S. Original Someone Else Child - Individual's Name.....250

159. Non-U.S. Original Someone Else Child - Individual's Sex.....251

160. Non-U.S. Original Someone Else Child - Individual's Parents Names.....252

161. Non-U.S. Original Someone Else Child - U.S. Mailing Address.....253

162. Non-U.S. Original Someone Else Child - Individual's Documentation.....254

163. Non-U.S. Original Someone Else Child - Review and Edit.....256

164. Non-U.S. Original Someone Else Child - Attestation.....259

165. Non-U.S. Original Someone Else Child - Success.....260

166. Non-U.S. Replacement Self - Landing.....261

167. Non-U.S. Replacement Self - Age 18 or Older.....262

168. Non-U.S. Replacement Self - U.S. Mailing Address Available.....263

169. Non-U.S. Replacement Self - Have an SSN.....264

170. Non-U.S. Replacement Self - Citizenship.....265

171. Non-U.S. Replacement Self - Applying For.....266

172. Non-U.S. Replacement Self - Date of Birth.....267

173. Non-U.S. Replacement Self - Name Change.....268

174. Non-U.S. Replacement Self - Place of Birth.....269

175. Non-U.S. Replacement Self - SSN.....270

176. Non-U.S. Replacement Self - Name.....271

177. Non-U.S. Replacement Self - Parents Names.....272

178. Non-U.S. Replacement Self - U.S. Mailing Address.....273

179. Non-U.S. Replacement Self - Documentation.....274

180. Non-U.S. Replacement Self - Documentation - Name Change.....276

181. Non-U.S. Replacement Self - Review and Edit.....278

182. Non-U.S. Replacement Self - Attestation.....280

183. Non-U.S. Replacement Self - Success.....281

184. Non-U.S. Replacement Someone Else Adult - Landing.....282

185. Non-U.S. Replacement Someone Else Adult - Age 18 or Older.....283

186. Non-U.S. Replacement Someone Else Adult - U.S. Mailing Address Available.....284

187. Non-U.S. Replacement Someone Else Adult - Have an SSN.....285

188. Non-U.S. Replacement Someone Else Adult - Citizenship.....286

189. Non-U.S. Replacement Someone Else Adult - Applying For.....287

190. Non-U.S. Replacement Someone Else Adult - Applying For Someone Else Name.....288

191. Non-U.S. Replacement Someone Else Adult – Individual’s Date of Birth.....289

192. Non-U.S. Replacement Someone Else Adult - Relationship Adult.....290

193. Non-U.S. Replacement Someone Else Adult - Individual Capabilities.....291

194. Non-U.S. Replacement Someone Else Adult - Name Change.....292

195. Non-U.S. Replacement Someone Else Adult - Individual's Place of Birth.....293

196. Non-U.S. Replacement Someone Else Adult - Individual's SSN.....294

197. Non-U.S. Replacement Someone Else Adult - Individual's Name.....	295
198. Non-U.S. Replacement Someone Else Adult - Individual's Parents Names.....	296
199. Non-U.S. Replacement Someone Else Adult - U.S. Mailing Address.....	297
200. Non-U.S. Replacement Someone Else Adult - Individual's Documentation.....	298
201. Non-U.S. Replacement Someone Else Adult - Individual's Documentation - Name Change....	301
202. Non-U.S. Replacement Someone Else Adult - Review and Edit.....	304
203. Non-U.S. Replacement Someone Else Adult - Attestation.....	307
204. Non-U.S. Replacement Someone Else Adult - Success.....	308
205. Non-U.S. Replacement Someone Else Child - Landing.....	309
206. Non-U.S. Replacement Someone Else Child - Age 18 or Older.....	310
207. Non-U.S. Replacement Someone Else Child - U.S. Mailing Address Available.....	311
208. Non-U.S. Replacement Someone Else Child - Have an SSN.....	312
209. Non-U.S. Replacement Someone Else Child - Citizenship.....	313
210. Non-U.S. Replacement Someone Else Child - Applying For.....	314
211. Non-U.S. Replacement Someone Else Child - Applying For Someone Else Name.....	315
212. Non-U.S. Replacement Someone Else Child – Individual's Date of Birth.....	316
213. Non-U.S. Replacement Someone Else Child - Relationship Child.....	317
214. Non-U.S. Replacement Someone Else Child - Name Change.....	318
215. Non-U.S. Replacement Someone Else Child - Individual's Place of Birth.....	319
216. Non-U.S. Replacement Someone Else Child - Individual's SSN.....	320
217. Non-U.S. Replacement Someone Else Child - Individual's Name.....	321
218. Non-U.S. Replacement Someone Else Child - Individual's Parents Names.....	322
219. Non-U.S. Replacement Someone Else Child - U.S. Mailing Address.....	323
220. Non-U.S. Replacement Someone Else Child - Individual's Documentation.....	324
221. Non-U.S. Replacement Someone Else Child - Individual's Documentation - Name Change....	326
222. Non-U.S. Replacement Someone Else Child - Review and Edit.....	329
223. Non-U.S. Replacement Someone Else Child - Attestation.....	332
224. Non-U.S. Replacement Someone Else Child - Success.....	333

1. 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 online request, you must **visit** your [local Social Security office or card center](#) with your documentation within **45 calendar days**.

Acceptable documents **MUST** be original or copies certified by the issuing agency, unexpired and must show name, date of birth or age. [Find out which documents are required for your original or replacement card request.](#)

After SSA verifies your document(s) and completes your request, you will receive your social security card in the mail **within 14 business days**.

[Apply Now](#)

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

2. All Paths - Privacy Act Statement

This screen appears after the landing page for ALL paths.



Use Our Online Service To Obtain A Social Security Number Card

Online Social Security Number Application

Privacy Act Statement Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act (Act), as amended, allow us to collect this information, which we will assign a Social Security number and issue a Social Security card. Providing the information is voluntary; but not providing all or part of the information may prevent us from assisting you.

As law permits, we may use and share the information you submit, including with other Federal, State, and local agencies, contractors, student volunteers, and others, as outlined in the routine uses within System of Records Notices (SORN) 60-0058, Master Files of SSN Holders and SSN Applications, and 60-0104, Race and Ethnicity Collection System, and 60-0373; available at www.ssa.gov/privacy.


The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs. The Act also allows us to collect race and ethnicity information, which we will use for research and statistical purposes. Furnishing us this information is voluntary and will not be used in decisions about your application.

Next

Exit

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

3. 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](#)

3.1. 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 legend: "* 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 links for "OMB No. 0960-0066", "Privacy Policy", "Privacy Act Statement", and "Accessibility Help".

4. 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](#)

4.1. 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.

 **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

! 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](#).

[Exit](#)

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

5. 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](#)

6. 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](#)

7. 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](#)

8. 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](#)

9. 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

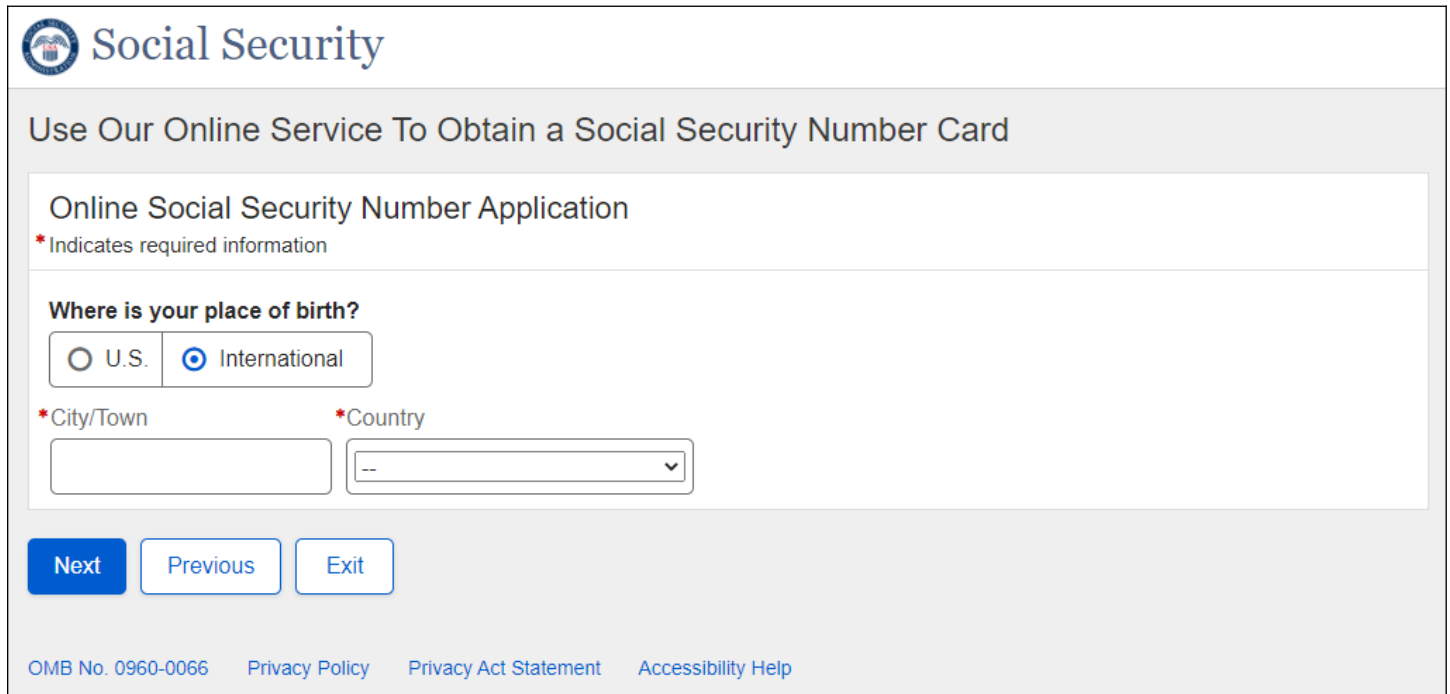
* City/Town

* State/Territory

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


9.1. U.S. Original Self - Place of Birth - International

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



The screenshot shows the Social Security website interface for an online application. At the top left is the Social Security logo. Below it is the heading "Use Our Online Service To Obtain a Social Security Number Card". The main content area is titled "Online Social Security Number Application" and includes a note: "* Indicates required information". The section "Where is your place of birth?" contains two radio buttons: "U.S." (unselected) and "International" (selected). Below this are two required fields: "*City/Town" (a text input field) and "*Country" (a dropdown menu currently showing "--"). 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".

10. 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](#)

10.1. 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](#)

11. 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](#)

12. 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


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

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

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

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

13. 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](#)

14. U.S. Original Self – Race and Ethnicity



Use Our Online Service To Obtain a Social Security Number Card

Online Social Security Number Application

* Indicates Required Information

i Race and Ethnicity

The next two questions are about race and ethnicity. **Providing this information is voluntary and will not affect your application.**

We are requesting this information for research and statistical purposes, to ensure we treat our customers fairly and equally. **We hope you will share this information with us.**

If you do not want to provide this information, select the “Next” button to go to the next page.

Are you Hispanic or Latino? (Select one)

▼ Ethnicity Definitions

Yes

No

What is your race? (Select one or more)

▼ Race Definitions

Alaska Native

American Indian

Asian

Black/African American

Native Hawaiian

Other Pacific Islander

White

Next

Previous

Exit

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

Are you Hispanic or Latino? (Select one)[^ Ethnicity Definitions](#)

Answer ▼	Definition
Yes (Hispanic or Latino)	A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
No (Not Hispanic or Latino)	A person who does not consider themselves to be Hispanic or Latino.

What is your race? (Select one or more)[^ Race Definitions](#)

Answer ▼	Definition
Alaska Native	A person descended from the original people of Alaska who maintains tribal affiliation or community attachment. For example: Aleuts, Athabascans, Haidas, Inupiat, Tlingits and Yupiks.
American Indian	A person descended from any of the original people of North (except Alaska), South, or Central America, and who maintain tribal affiliation or community attachment.
Asian	A person descended from any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam.
Black/African American	A person descended from any of the black racial groups of Africa. Includes those who describe themselves as Haitian.
Native Hawaiian	A person descended from any of the original people of Hawaii.
Other Pacific Islander	A person descended from any of the original people of Australia, Guam, Samoa, New Zealand, or Other Pacific Islands.
White	A person descended from any of the original people of Europe, the Middle East, or North Africa.

15. U.S. Original Self - U.S. Documentation – Age



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

* Do you have a U.S. Birth Certificate that was issued before the age of 5?

If the Birth Certificate was issued after the age of 5, other documentation will be needed.

Yes, I have a Birth Certificate issued before the age of 5.

No, I will provide other documentation.

Next

Previous

Exit

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

*** Do you have a U.S. Birth Certificate that was issued before the age of 5?**

If the Birth Certificate was issued after the age of 5, other documentation will be needed.

<input checked="" type="radio"/> Yes, I have a Birth Certificate issued before the age of 5.
<input type="radio"/> No, I will provide other documentation.

*** Which State issued this document?**

*** What is the Certificate Number?**

You may see this labeled as *Document Number*

*** What is the Issue Date?**

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

*** What is the Recordation Date?**

You may see this labeled as *Filing Date*.

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

***Do you have a U.S. Birth Certificate that was issued before the age of 5?**

If the Birth Certificate was issued after the age of 5, other documentation will be needed.

<input type="radio"/> Yes, I have a Birth Certificate issued before the age of 5.
<input checked="" type="radio"/> No, I will provide other documentation.

***Other Proof of Age Options**

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

*** Other Proof of Age Options**

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

Additional Information for your **Hospital Record of Birth**.

*** Which State issued this document?**

*** What is the Issue Date?**

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

What is the Recordation Date?

You may see this labeled as *Filing Date*.

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

*** What is the Name of the Institution?**

You may see this labeled as *Name of Hospital, Clinic, etc.*

*** Other Proof of Age Options**

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

Additional Information for your **Consular Report of Birth Abroad (FS-240)**.

*** Which Country issued this document?**

*** What is the Issue Date?**

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

*** What is the Recordation Date?**

You may see this labeled as *Filing Date*.

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

*** What is the Documentation Number?**

*** Other Proof of Age Options**

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

Additional Information for your **Certification of Birth Abroad (FS-545)**.

*** Which Country issued this document?**

*** What is the Issue Date?**

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

*** What is the Recordation Date?**

You may see this labeled as *Filing Date*.

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

What is the Documentation Number?

***Other Proof of Age Options**

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

Additional Information for your **Certification of Report of Birth (DS-1350)**.

*** Which Country issued this document?**

What is the Issue Date?

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

What is the Recordation Date?

You may see this labeled as *Filing Date*.

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

What is the Certificate Number?

You may see this labeled as *Document Number*.

16. U.S. Original Self – Citizenship



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

* Choose a document to prove your Citizenship status.

Additional information is required because the document you provided for Proof of Age does not cover Citizenship.

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

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

*** Choose a document to prove your Citizenship status.**

Additional information is required because the document you provided for Proof of Age does not cover Citizenship.

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

Additional information for your Certificate of Naturalization (N-550/N-570).

*** What is the name on the Department of Homeland Security (DHS) document?**

*** What is the Issue Date?**

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

What is the Recordation Date?

You may see this labeled as *Filing Date*.

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

*** What is the Alien Registration Number?**

*** What is the Certificate Number?**

You may see this labeled as *Document Number*.

*** Choose a document to prove your Citizenship status.**

Additional information is required because the document you provided for Proof of Age does not cover Citizenship.

<input type="radio"/> Certification of Naturalization (N-550/N570)
<input checked="" 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 type="radio"/> None of the above

Additional information for your **U.S. Passport/Passport Card**.

*** What is the Issue Date?**

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

*** What is the Expiration Date?**

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

*** What is the Passport Number?**

*** Choose a document to prove your Citizenship status.**

Additional information is required because the document you provided for Proof of Age does not cover Citizenship.

<input type="radio"/> Certification of Naturalization (N-550/N570)
<input type="radio"/> U.S. Passport/Passport Card
<input checked="" 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 type="radio"/> None of the above

Additional information for your **Certification of Citizenship (N-560/N-561)**.

*** What is the name on the Department of Homeland Security (DHS) document?**

*** What is the Issue Date?**

Month

Day

Year

*** What is the Alien Registration Number?**

*** What is the Certificate Number?**

You may see this labeled as *Document Number*.

*** Choose a document to prove your Citizenship status.**

Additional information is required because the document you provided for Proof of Age does not cover Citizenship.

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

Additional information for your **Machine Readable Immigrant Visa (MRIV)**.

*** What is the name on the Department of Homeland Security (DHS) document?**

What is the Issue Date?

Month Day Year

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

*** What is the Alien Registration Number?**

*** What is the Passport Number?**

*** Which country Issued the Passport?**

*** What is the Passport Expiration Date?**

Month Day Year

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

*** Choose a document to prove your Citizenship status.**

Additional information is required because the document you provided for Proof of Age does not cover Citizenship.

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

Additional information for your **U.S. Citizen Identification Card (I-179)**.

*** What is the Identification Number?**

*** What is the Issue Date?**

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

What is the Alien Registration Number?

*** Choose a document to prove your Citizenship status.**

Additional information is required because the document you provided for Proof of Age does not cover Citizenship.

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

Additional information for your **American Indian Card (I-872)**.

What is the Issue Date?

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

*** What is the Expiration Date?**

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

*** What is the Alien Registration Number?**

*** Choose a document to prove your Citizenship status.**

Additional information is required because the document you provided for Proof of Age does not cover Citizenship.

<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 checked="" type="radio"/> Northern Mariana Card (I-873)
<input type="radio"/> Certificate Statement from a U.S. Consular Official
<input type="radio"/> None of the above

Additional information for your **Northern Mariana Card (I-873)**.

What is the Issue Date?

Month Day Year

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

*** What is the Expiration Date?**

Month Day Year

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

*** What is the Alien Registration Number?**

*** Choose a document to prove your Citizenship status.**

Additional information is required because the document you provided for Proof of Age does not cover Citizenship.

<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 checked="" type="radio"/> Certificate Statement from a U.S. Consular Official
<input type="radio"/> None of the above

Additional information for your **Certificate Statement from a U.S. Consular Official.**

What is the Issue Date?

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

What is the name of the Consul?

*** Choose a document to prove your Citizenship status.**

Additional information is required because the document you provided for Proof of Age does not cover Citizenship.

<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)

*** Other Proof of Citizenship Options**

<input checked="" 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)

Additional information for your **U.S Religious Record**.

*** Please select the type of Religious Record:**

*** What is the name of the Religious Institution?**

Which State issued this document?

*** What is the Recordation Date?**

You may see this labeled as *Filing Date*.

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

What is the Issue Date?

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

*** Other Proof of Citizenship Options**

<input type="radio"/> U.S. Religious Record
<input checked="" 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)

Additional information for your **Final Adoption Decree showing a U.S. place of birth and the applicant's name**

*** What is the Issue Date?**

Month Day Year

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

*** Which State issued this document?**

What is the Recordation Date?

You may see this labeled as *Filing Date*.

Month Day Year

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

What is the Document Number?

*** 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 checked="" type="radio"/> Early School Record
<input type="radio"/> Military Record (DD-214)

Additional information for your **Early School Record**

*** What is the Issue Date?**

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

*** What is the Date of Admission?**

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

*** Which State issued this document?**

***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 checked="" type="radio"/> Military Record (DD-214)

Additional information for your **Military Record (DD-214)**.

What is the Issue Date?

Month Day Year

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

What is the Recordation Date?

You may see this labeled as *Filing Date*.

Month Day Year

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

Which Military Branch issued the DD-214?

17. U.S. Original Self – Documentation – Identity



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 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 type="radio"/> None of the above

Next

Previous

Exit

OMB No. 0960-0066

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

*** Proof of Identity**

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

Additional information for your **U.S. driver's license**.

*** Which State or Territory issued the Driver's License?**

*** What is the Driver's License Number?**

*** What is the Issue Date?**

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

*** What is the Expiration Date?**

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

*** Proof of Identity**

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

Additional information for your **State-issued non-driver identification card**.

*** Which State or Territory issued the Non-driver Identification Card?**

*** What is the state-issued Non-driver Identification Card number?**

*** What is the Issue Date?**

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

*** What is the Expiration Date?**

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

***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 checked="" type="radio"/> U.S. passport
<input type="radio"/> None of the above

Additional information for your **U.S. Passport**.

*** What is the U.S. Passport Number?**

*** What is the Issue Date?**

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

*** What is the Expiration Date?**

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

***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"/> Medical Record - Physician
<input type="radio"/> Adoption Combination of Documents
<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)

*** 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 checked="" type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Immunization
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Adoption Combination of Documents
<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)

Additional information for your **Medical Record - Clinic or Hospital**.

U.S. Foreign

* **What is the Name of the Institution?**

You may see this labeled as *Name of the Hospital, Clinic, etc.*

* **Which State issued the document?**

* **What is the Issue Date?**

Month Day Year

What is the Document Number?

What is the Patient or Chart Number?

Additional information for your **Medical Record - Clinic or Hospital**.

U.S. Foreign

* **What is the Name of the Institution?**

You may see this labeled as *Name of the Hospital, Clinic, etc.*

* **Which Country issued the record?**

* **What is the Issue Date?**

Month Day Year

What is the Document Number?

What is the Patient or Chart Number?

*** 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 checked="" type="radio"/> Medical Record - Immunization
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Adoption Combination of Documents
<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)

Additional information for your **Medical Record - Immunization**.

<input checked="" type="radio"/> U.S.	<input type="radio"/> Foreign
---------------------------------------	-------------------------------

*** What is the Name of the Institution?**

You may see this labeled as *Name of the Hospital, Clinic, etc.*

*** Which State issued the document?**

*** What is the Issue Date?**

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

What is the Document Number?

What is the Medical Record Number or Admission Number?

Additional information for your **Medical Record - Immunization**.

U.S. Foreign

*** What is the Name of the Institution?**

You may see this labeled as *Name of the Hospital, Clinic, etc.*

*** Which Country issued the record?**

*** What is the Issue Date?**

Month Day Year

What is the Document Number?

What is the Medical Record Number or Admission Number?

*** 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 checked="" type="radio"/> Medical Record - Physician
<input type="radio"/> Adoption Combination of Documents
<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)

Additional information for your **Medical Record - Physician**.

U.S. Foreign

*** What is the Name of the Institution?**

You may see this labeled as *Name of the Hospital, Clinic, etc.*

*** Which State issued the document?**

*** What is the Issue Date?**

Month Day Year

What is the Patient or Chart Number?

Additional information for your **Medical Record - Physician**.

U.S. Foreign

*** What is the Name of the Institution?**

You may see this labeled as *Name of the Hospital, Clinic, etc.*

*** Which Country issued the record?**

*** What is the Issue Date?**

Month Day Year

What is the Patient or Chart Number?

• **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"/> Medical Record - Physician
<input checked="" type="radio"/> Adoption Combination of Documents
<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)

Additional information for your **Adoption Combination of Documents**.

• **What is the Name on the Document?**

• **What is the Issue Date?**

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

Which State issued this document?

What is the name of the Agency that issued the document?

Which County/District issued the document?

What is the Document Number?

• **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"/> Medical Record - Physician
<input type="radio"/> Adoption Combination of Documents
<input checked="" 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)

Additional information for your Health Insurance Card.

• **What is the Name of Institution (or Company Name)?**

• **What is the Health Insurance Card Number?**

What is the Issue Date?

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

• **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"/> Medical Record - Physician
<input type="radio"/> Adoption Combination of Documents
<input type="radio"/> Health Insurance Card
<input checked="" 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)

Additional information for your Certificate of Citizenship (N-560/N-561).

• **What is the Issue Date?**

Month Day Year

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

• **What is the Certificate Number?**

You may see this labeled as Document Number.

What is the Alien Registration Number?

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

Additional information for your **School Record**.

<input checked="" type="radio"/> U.S.	<input type="radio"/> Foreign
---------------------------------------	-------------------------------

*** What is the Name of the School?**

*** Which State issued this document?**

*** What is the Issue Date?**

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

What is the Document Number?

Additional information for your **School Record**.

U.S.
 Foreign

* **What is the Name of the School?**

* **Which Country issued the document?**

* **What is the Issue Date?**

Month Day Year

What is the Document Number?

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

Additional information for your **School ID**.

U.S. Foreign

* **What is the Name of the School?**

* **Which State issued the ID?**

* **What is the Issue Date?**

Month Day Year

* **What is the Expiration Date?**

Month Day Year

What is the ID number?

Additional information for your **School ID**.

U.S. Foreign

* **What is the name of the School?**

* **Which Country issued the ID?**

* **What is the Issue Date?**

Month Day Year

* **What is the Expiration Date?**

Month Day Year

What is the ID number?

• **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"/> Medical Record - Physician
<input type="radio"/> Adoption Combination of Documents
<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 checked="" type="radio"/> Certificate of Naturalization (N-550/N-570)

Additional information for your Certificate of Naturalization (N-550/N-570).

• **What is the Issue Date?**

Month Day Year


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

• **What is the Certificate Number?**

You may see this labeled as Document Number.

What is the Alien Registration Number?


18. 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		
✓ Race and Ethnicity	Edit	
Are you Hispanic or Latino?: Not answered		
What is your race?: 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		

19. 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](#)

19.1. 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](#)

20. U.S. Original Self - Success

Success – Non-ESS:



Use Our Online Service To Obtain a Social Security Number Card

 You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.

IMPORTANT: Your Social Security card request is not complete until you show the document(s) below to a [local Social Security office](#) or card center. You need to provide the documents within 45 days of submission or you will need to submit a new application.

- U.S. driver's license
- Marriage document/U.S. only

PREPARING FOR YOUR VISIT:

- We don't schedule appointments to complete Social Security card applications. However, we can complete your in-office interview quickly because you submitted your application online today.
- If you have questions before you visit, please call your local Social Security office or our National 800 Number at 1-800-772-1213.
- You must wear a mask and follow physical distancing requirements, even if you are vaccinated.
- You may need to wait outside because space in our offices is limited due to physical distancing requirements. Please plan for cold or bad weather.
- We ask that you come alone unless you require help with your visit. If you require help, we can only permit one person to join you.
- Please follow directions for check-in when you arrive.

Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before visiting an office to show your documents.

123 Main St.
Anytown, Maryland 12345

Print

Done

Success - Banned:



Use Our Online Service To Obtain a Social Security Number Card



You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.

IMPORTANT: Your Social Security card request is not complete until you provide the document(s) listed below to a local [Social Security office](#) or card center. You need to mail the original documents within 45 days of submission or you will need to submit a new application.

- U.S. driver's license
- Marriage document/U.S. only

If you have questions about your social security card application, please call your local Social Security office or our National 800 Number at 1-800-772-1213.



Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before mailing your original documents to a local [Social Security office](#) or card center.

123 Main St.
Anytown, Maryland 12345

Print

Done

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

Success - ESS



Use Our Online Service To Obtain a Social Security Number Card



You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.

IMPORTANT: Your Social Security card request is not complete until you show the document(s) below to a [local Social Security office](#) or card center. You must schedule your appointment within 45 days, or you will need to submit a new application.

- U.S. driver's license
- Marriage document/U.S. only

PREPARING FOR YOUR VISIT:

- Please gather the documents before you visit and bring them with you. We can't complete your application without them.
- If you have questions before you visit, please call your local Social Security office or our National 800 Number at 1-800-772-1213.
- You must wear a mask and follow physical distancing requirements, even if you are vaccinated.
- You may need to wait outside because space in our offices is limited due to physical distancing requirements. Please plan for cold or bad weather.
- We ask that you come alone unless you require help with your visit. If you require help, we can only permit one person to join you.
- Please follow directions for check-in when you arrive.



Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before visiting an office to show your documents.

123 Main St.
Anytown, Maryland 12345

Print

Schedule an Appointment

Done

21. U.S. Original Someone Else Adult - Landing



Use Our Online Service To Obtain A Social Security Number Card

Online Social Security Number Application

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

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your online request, you must **visit** your [local Social Security office or card center](#) with your documentation within **45 calendar days**.


Acceptable documents **MUST** be original or copies certified by the issuing agency, unexpired and must show name, date of birth or age. [Find out which documents are required for your original or replacement card request.](#)

After SSA verifies your document(s) and completes your request, you will receive your social security card in the mail **within 14 business days**.

[Apply Now](#)

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

22. 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](#)

23. 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](#)

24. 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](#)

25. 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](#)

26. 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](#)

27. 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](#)

28. 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

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

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

29. 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](#)

29.1. 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](#)

30. 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](#)

30.1. 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.



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.

Exit

31. 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](#)

32. 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>	<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 ever used any other names not listed above?
 Yes No

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

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

33. 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](#)

34. 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](#)

35. 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](#)

36. U.S. Original Someone Else – Adult – Race and Ethnicity



Use Our Online Service To Obtain a Social Security Number Card

Online Social Security Number Application

* Indicates Required Information

i Race and Ethnicity

The next two questions are about race and ethnicity. **Providing this information is voluntary and will not affect your application.**

We are requesting this information for research and statistical purposes, to ensure we treat our customers fairly and equally. **We hope you will share this information with us.**

If you do not want to provide this information, select the "Next" button to go to the next page.

Is the individual Hispanic or Latino? (Select one)

▼ Ethnicity Definitions

Yes

No

What is the individual's race? (Select one or more)

▼ Race Definitions

Alaska Native

American Indian

Asian

Black/African American

Native Hawaiian

Other Pacific Islander

White

Next

Previous

Exit

37. U.S. Original Someone Else – Adult – Proof of Identity

*The Field Level Data collection is the same as U.S. Original Self Documentation screens and will not be repeated in most cases.



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 Identity 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

Additional information for **U.S. driver's license**.

* Which State or Territory issued the Driver's License?

* What is the Driver's License Number?

* What is the Issue Date?

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

* What is the Expiration Date?

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

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

38. U.S. Original Someone Else – Adult – Proof of Age for Individual



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.

Social Security Number Documentation

* Indicates required information

* Does the Individual have a U.S. Birth Certificate that was issued before the age of 5?

If the Birth Certificate was issued after the age of 5, other documentation will be needed.

Yes, I have a Birth Certificate issued before the age of 5.

No, I will provide other documentation.

* Which State issued this document?

* What is the Certificate Number?

You may see this labeled as *Document Number*

* What is the Issue Date?

Month Day Year

* What is the Recordation Date?

You may see this labeled as *Filing Date*.

Month Day Year

Next

Previous

Exit

** Proof of Age Field Level Data and other options are identical to U.S. Original Self and will not be repeated here.

39. U.S. Original Someone Else – Adult – Proof of Citizenship for Individual



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.

Social Security Number Documentation

• Indicates required information

• **Choose a document to prove the individual's Citizenship status.**

Additional information is required because the document you provided for Proof of Age does not cover Citizenship.

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

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

**** Proof of Citizenship Field Level Data and other options are identical to U.S. Original Self and will not be repeated here.**

40. U.S. Original Someone Else – Adult – Proof of Identity for Individual



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 Identity for the Individual

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

Additional information for **U.S. driver's license**.

* Which State or Territory issued the Driver's License?

* What is the Driver's License Number?

* What is the Issue Date?

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


* What is the Expiration Date?

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

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

* Other Proof of Identity Options are identical to U.S. Original Self and will not be repeated here.


41. 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**

 **Date of Birth** [Edit](#)

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

U.S. Original Someone Else Adult - Review and Edit – Continued

 Relationship	Edit
What is YOUR relationship to the individual?: Court Appointed Legal Guardian	
 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	
 Place of Birth	Edit
Where is the individual's place of birth?: Fairhope, Alabama	
 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	
 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. Original Someone Else Adult - Review and Edit - Continued

✔ 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**

✔ Race and Ethnicity

Edit

Are you Hispanic or Latino? (Select one): **No response**

What is your race? (Select one or more): **No response**

✔ 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

Previous

Exit

42. 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](#)

43. U.S. Original Someone Else Adult - Success

Success – Non-ESS:



Use Our Online Service To Obtain a Social Security Number Card

 You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.

IMPORTANT: Your Social Security card request is not complete until you show the document(s) below to a [local Social Security office](#) or card center. You need to provide the documents within 45 days of submission or you will need to submit a new application.

- U.S. driver's license
- Marriage document/U.S. only

PREPARING FOR YOUR VISIT:

- We don't schedule appointments to complete Social Security card applications. However, we can complete your in-office interview quickly because you submitted your application online today.
- If you have questions before you visit, please call your local Social Security office or our National 800 Number at 1-800-772-1213.
- You must wear a mask and follow physical distancing requirements, even if you are vaccinated.
- You may need to wait outside because space in our offices is limited due to physical distancing requirements. Please plan for cold or bad weather.
- We ask that you come alone unless you require help with your visit. If you require help, we can only permit one person to join you.
- Please follow directions for check-in when you arrive.

Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before visiting an office to show your documents.

123 Main St.
Anytown, Maryland 12345

Print

Done

44. 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 online request, you must **visit** your [local Social Security office or card center](#) with your documentation within **45 calendar days**.


Acceptable documents **MUST** be original or copies certified by the issuing agency, unexpired and must show name, date of birth or age. [Find out which documents are required for your original or replacement card request.](#)

After SSA verifies your document(s) and completes your request, you will receive your social security card in the mail **within 14 business days**.

[Apply Now](#)

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

45. 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](#)

46. 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](#)

47. 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](#)

48. 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](#)

49. 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](#)

50. 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?

* 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](#)

51. 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](#)

52. 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

53. 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](#)

54. 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>	<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 ever used any other names not listed above?
 Yes No

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

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

55. 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](#)

56. 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](#)

57. 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](#)

58. U.S. Original Someone Else Child – Race and Ethnicity



Use Our Online Service To Obtain a Social Security Number Card

Online Social Security Number Application

* Indicates Required Information

Race and Ethnicity

The next two questions are about race and ethnicity. **Providing this information is voluntary and will not affect your application.**

We are requesting this information for research and statistical purposes, to ensure we treat our customers fairly and equally. **We hope you will share this information with us.**

If you do not want to provide this information, select the “Next” button to go to the next page.

Is the child Hispanic or Latino? (Select one)

▼ Ethnicity Definitions

Yes

No

What is the child's race? (Select one or more)

▼ Race Definitions

Alaska Native

American Indian

Asian

Black/African American

Native Hawaiian

Other Pacific Islander

White

Next

Previous

Exit

59. U.S. Original Someone Else Child - Individual's Identity



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 identity 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

Next

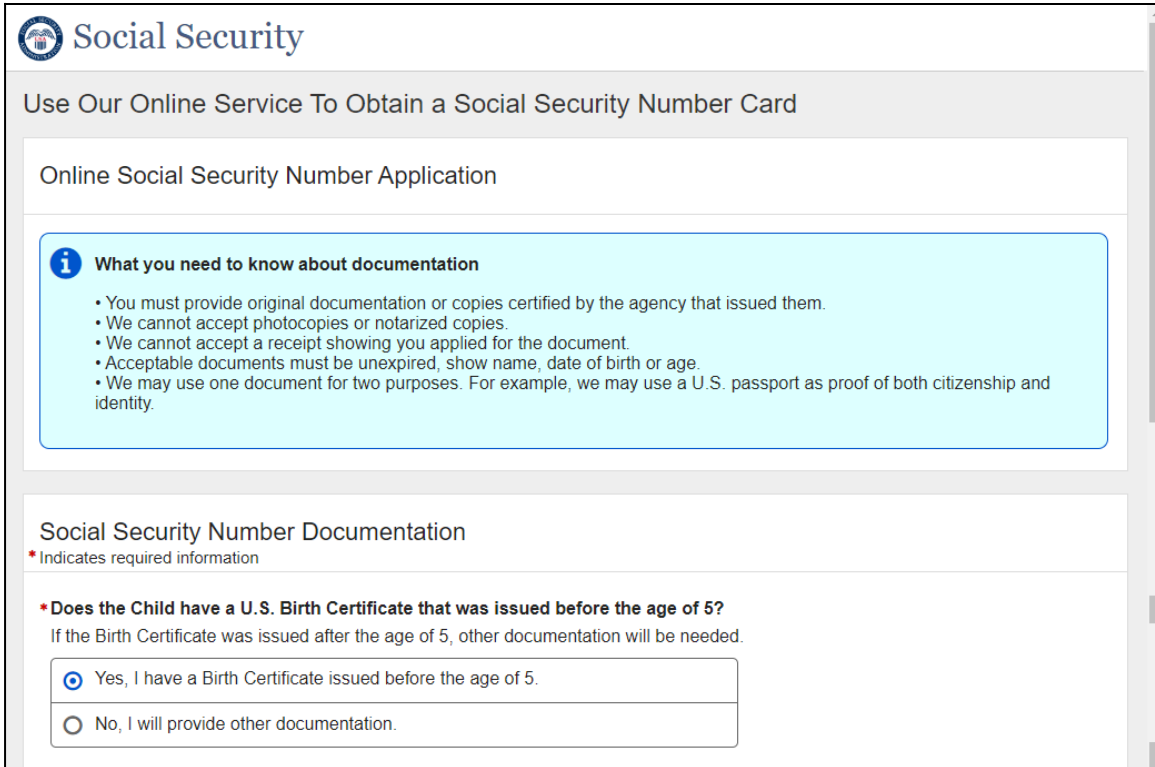
Previous

Exit

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

**** Field Level data and other options are identical to U.S. Original Self and will not be repeated here.**

60. U.S. Original Someone Else Child – Proof of Age for Child



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". A light blue information box contains the heading "What you need to know about documentation" and a bulleted list of requirements. Below this is a section titled "Social Security Number Documentation" with a red asterisk indicating required information. A specific question is asked: "* Does the Child have a U.S. Birth Certificate that was issued before the age of 5?". A sub-note states: "If the Birth Certificate was issued after the age of 5, other documentation will be needed." Two radio button options are provided: "Yes, I have a Birth Certificate issued before the age of 5." (which is selected) and "No, I will provide other 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 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

*** Does the Child have a U.S. Birth Certificate that was issued before the age of 5?**
If the Birth Certificate was issued after the age of 5, other documentation will be needed.

Yes, I have a Birth Certificate issued before the age of 5.

No, I will provide other documentation.

****Field level data and other options are identical to U.S. Original Self and will not be repeated here.**

61. U.S. Original Someone Else Child – Proof of Citizenship for Child



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.

Social Security Number Documentation

• Indicates required information

• **Choose a document to prove the child's Citizenship status.**

Additional information is required because the document you provided for Proof of Age does not cover Citizenship.

- | |
|---|
| <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 type="radio"/> None of the above |

Next

Previous

Exit

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

****Field level data and other options are identical to U.S. Original Self and will not be repeated here.**

62. U.S. Original Someone Else Child – Proof of Identity for Child



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 identity for the child

Please select one document from the list

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

Next


Previous

Exit

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

****Field level data and other options are identical to U.S. Original Self and will not be repeated here.**


63. 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**

 **Date of Birth** Edit

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

U.S. Original Someone Else Child - Review and Edit - Continued

 Relationship	Edit
What is YOUR relationship to and responsibility for the individual?: Custodial Father	
 Place of Birth	Edit
Where is the individual's place of birth?: Fairhope, Alabama	
 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	
 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	

U.S. Original Someone Else Child - Review and Edit - Continued

Race and Ethnicity

Edit

Are you Hispanic or Latino? (Select one): **No response**

What is your race? (Select one or more): **No response**

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

Previous

Exit

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

64. 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](#)

65. U.S. Original Someone Else Child - Success

Success – Non-ESS:



Use Our Online Service To Obtain a Social Security Number Card

 **You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.**

IMPORTANT: Your Social Security card request is not complete until you show the document(s) below to a [local Social Security office](#) or card center. You need to provide the documents within 45 days of submission or you will need to submit a new application.

- U.S. driver's license
- Marriage document/U.S. only

PREPARING FOR YOUR VISIT:

- We don't schedule appointments to complete Social Security card applications. However, we can complete your in-office interview quickly because you submitted your application online today.
- If you have questions before you visit, please call your local Social Security office or our National 800 Number at 1-800-772-1213.
- You must wear a mask and follow physical distancing requirements, even if you are vaccinated.
- You may need to wait outside because space in our offices is limited due to physical distancing requirements. Please plan for cold or bad weather.
- We ask that you come alone unless you require help with your visit. If you require help, we can only permit one person to join you.
- Please follow directions for check-in when you arrive.

Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before visiting an office to show your documents.

123 Main St.
Anytown, Maryland 12345

Print

Done

66. 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 online request, you must **visit** your [local Social Security office or card center](#) with your documentation within **45 calendar days**.


Acceptable documents **MUST** be original or copies certified by the issuing agency, unexpired and must show name, date of birth or age. [Find out which documents are required for your original or replacement card request.](#)

After SSA verifies your document(s) and completes your request, you will receive your social security card in the mail **within 14 business days**.

[Apply Now](#)

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

67. 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](#)

68. 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](#)

69. 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](#)

70. 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](#)

71. 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](#)

72. 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

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

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

73. 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](#)

74. 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](#)

75. 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](#)

76. 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](#)

77.

1. 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


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

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

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

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

2. 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](#)

3. 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

<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](#)

4. U.S. Replacement Self - U.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 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 a name change

- 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](#)

4.1. 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](#)

4.2. 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](#)

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

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

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

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

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

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

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

What is the marriage record identification/filing number?

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

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

4.4. 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](#)


5. 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**

U.S. Replacement Self - Review and Edit - Continued

 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	


U.S. Replacement Self - Review and Edit - Continued

 **Race and Ethnicity**

[Edit](#)

Are you Hispanic or Latino? (Select one): **No response**

What is your race? (Select one or more): **No response**

 **Documentation**

[Edit](#)

Identity Documentation: **Health insurance identification card**

[Next](#)

[Previous](#)

[Exit](#)

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

6. 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](#)

7. U.S. Replacement Self - Success

Success – Non-ESS:



Use Our Online Service To Obtain a Social Security Number Card

 You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.

IMPORTANT: Your Social Security card request is not complete until you show the document(s) below to a [local Social Security office](#) or card center. You need to provide the documents within 45 days of submission or you will need to submit a new application.

- U.S. driver's license
- Marriage document/U.S. only

PREPARING FOR YOUR VISIT:

- We don't schedule appointments to complete Social Security card applications. However, we can complete your in-office interview quickly because you submitted your application online today.
- If you have questions before you visit, please call your local Social Security office or our National 800 Number at 1-800-772-1213.
- You must wear a mask and follow physical distancing requirements, even if you are vaccinated.
- You may need to wait outside because space in our offices is limited due to physical distancing requirements. Please plan for cold or bad weather.
- We ask that you come alone unless you require help with your visit. If you require help, we can only permit one person to join you.
- Please follow directions for check-in when you arrive.

Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before visiting an office to show your documents.

123 Main St.
Anytown, Maryland 12345

Print

Done

Success - Banned:



Use Our Online Service To Obtain a Social Security Number Card



You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.

IMPORTANT: Your Social Security card request is not complete until you provide the document(s) listed below to a local [Social Security office](#) or card center. You need to mail the original documents within 45 days of submission or you will need to submit a new application.

- U.S. driver's license
- Marriage document/U.S. only

If you have questions about your social security card application, please call your local Social Security office or our National 800 Number at 1-800-772-1213.



Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before mailing your original documents to a local [Social Security office](#) or card center.

123 Main St.
Anytown, Maryland 12345

Print

Done

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



Use Our Online Service To Obtain a Social Security Number Card



You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.

IMPORTANT: Your Social Security card request is not complete until you show the document(s) below to a [local Social Security office](#) or card center. You must schedule your appointment within 45 days, or you will need to submit a new application.

- U.S. driver's license
- Marriage document/U.S. only

PREPARING FOR YOUR VISIT:

- Please gather the documents before you visit and bring them with you. We can't complete your application without them.
- If you have questions before you visit, please call your local Social Security office or our National 800 Number at 1-800-772-1213.
- You must wear a mask and follow physical distancing requirements, even if you are vaccinated.
- You may need to wait outside because space in our offices is limited due to physical distancing requirements. Please plan for cold or bad weather.
- We ask that you come alone unless you require help with your visit. If you require help, we can only permit one person to join you.
- Please follow directions for check-in when you arrive.



Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before visiting an office to show your documents.

123 Main St.
Anytown, Maryland 12345

Print

Schedule an Appointment

Done

8. U.S. Replacement Someone Else Adult - Landing



Use Our Online Service To Obtain A Social Security Number Card

Online Social Security Number Application

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

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your online request, you must **visit** your [local Social Security office or card center](#) with your documentation within **45 calendar days**.


Acceptable documents **MUST** be original or copies certified by the issuing agency, unexpired and must show name, date of birth or age. [Find out which documents are required for your original or replacement card request.](#)

After SSA verifies your document(s) and completes your request, you will receive your social security card in the mail **within 14 business days**.

[Apply Now](#)

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

9. 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](#)

10. 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](#)

11. 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](#)

12. 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](#)

13. 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](#)

14. 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](#)

15. 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](#)

16. 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](#)

17. 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](#)

18. 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](#)

19. 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](#)

20. 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](#)

21. 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?

<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](#)

22.

1. 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](#)

2. 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](#)

3. U.S. Replacement 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.
- 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"/> 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)
--

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](#)

4. U.S. Replacement Someone Else Adult - Individual's U.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 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](#)


5. 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**

U.S. Replacement Someone Else Adult - Review and Edit - Continued

 Relationship	Edit
What is YOUR relationship to the individual?: Court Appointed Legal Guardian	
 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	
 Name Change	Edit
Are you requesting a name change for the individual?: No	
 Place of Birth	Edit
Where is the individual's place of birth?: Fairhope, Alabama	
 Assigned Social Security Number	Edit
What is the individual's Social Security Number (SSN)?: 123-45-8976	
 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	
 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. Replacement Someone Else Adult - Review and Edit - Continued

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**

Race and Ethnicity

Edit

Are you Hispanic or Latino? (Select one): **No response**

What is your race? (Select one or more): **No response**

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

Previous

Exit

6. 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](#)

7. U.S. Replacement Someone Else Adult - Success

Success - ESS



Use Our Online Service To Obtain a Social Security Number Card

 You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.

IMPORTANT: Your Social Security card request is not complete until you show the document(s) below to a [local Social Security office](#) or card center. You must schedule your appointment within 45 days, or you will need to submit a new application.

- U.S. driver's license
- Marriage document/U.S. only

PREPARING FOR YOUR VISIT:

- Please gather the documents before you visit and bring them with you. We can't complete your application without them.
- If you have questions before you visit, please call your local Social Security office or our National 800 Number at 1-800-772-1213.
- You must wear a mask and follow physical distancing requirements, even if you are vaccinated.
- You may need to wait outside because space in our offices is limited due to physical distancing requirements. Please plan for cold or bad weather.
- We ask that you come alone unless you require help with your visit. If you require help, we can only permit one person to join you.
- Please follow directions for check-in when you arrive.

Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before visiting an office to show your documents.

123 Main St.
Anytown, Maryland 12345

Print

Schedule an Appointment

Done

8. U.S. Replacement 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 online request, you must **visit** your [local Social Security office or card center](#) with your documentation within **45 calendar days**.


Acceptable documents **MUST** be original or copies certified by the issuing agency, unexpired and must show name, date of birth or age. [Find out which documents are required for your original or replacement card request.](#)

After SSA verifies your document(s) and completes your request, you will receive your social security card in the mail **within 14 business days**.

[Apply Now](#)

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

9. 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](#)

10. 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](#)

11. 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](#)

12. 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](#)

13. 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](#)

14. 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?

* 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](#)

15. 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](#)

16. 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

17. 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](#)

18. 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](#)

19. 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](#)

20. 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

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

21.

1. 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


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

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

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

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

2. 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](#)

3. U.S. Replacement 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.
- 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
----------------------	--------------------------	----------------------

4. U.S. Replacement Someone Else Child - Individual's U.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 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

- 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](#)


5. 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**

 **Relationship** [Edit](#)

What is YOUR relationship to and responsibility for the individual?: **Custodial Father**

U.S. Replacement Someone Else Child - Review and Edit – Continued

 Relationship	Edit
What is YOUR relationship to and responsibility for the individual?: Custodial Father	
 Name Change	Edit
Are you requesting a name change for the individual?: No	
 Place of Birth	Edit
Where is the individual's place of birth?: Fairhope, Alabama	
 Assigned Social Security Number	Edit
What is the individual's Social Security Number (SSN)?: 123-45-8976	
 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	
 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	

U.S. Replacement Someone Else Child - Review and Edit – Continued

Race and Ethnicity

Edit

Are you Hispanic or Latino? (Select one): **No response**

What is your race? (Select one or more): **No response**

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

Previous

Exit

6. U.S. Replacement Someone Else Child - Attestation



Social Security

Use Our Online Service To Obtain a Social Security Number Card

Next Steps

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

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

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

Electronic Signature

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

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

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

[Previous](#)

[Exit](#)


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

7. U.S. Replacement Someone Else Child - Success

Success - ESS



Use Our Online Service To Obtain a Social Security Number Card

 You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.

IMPORTANT: Your Social Security card request is not complete until you show the document(s) below to a [local Social Security office](#) or card center. You must schedule your appointment within 45 days, or you will need to submit a new application.

- U.S. driver's license
- Marriage document/U.S. only

PREPARING FOR YOUR VISIT:

- Please gather the documents before you visit and bring them with you. We can't complete your application without them.
- If you have questions before you visit, please call your local Social Security office or our National 800 Number at 1-800-772-1213.
- You must wear a mask and follow physical distancing requirements, even if you are vaccinated.
- You may need to wait outside because space in our offices is limited due to physical distancing requirements. Please plan for cold or bad weather.
- We ask that you come alone unless you require help with your visit. If you require help, we can only permit one person to join you.
- Please follow directions for check-in when you arrive.

Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before visiting an office to show your documents.

123 Main St.
Anytown, Maryland 12345

Print

Schedule an Appointment

Done

8. 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 online request, you must **visit** your [local Social Security office or card center](#) with your documentation within **45 calendar days**.


Acceptable documents **MUST** be original or copies certified by the issuing agency, unexpired and must show name, date of birth or age. [Find out which documents are required for your original or replacement card request.](#)

After SSA verifies your document(s) and completes your request, you will receive your social security card in the mail **within 14 business days**.

[Apply Now](#)

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

9. 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](#)

10. 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](#)

11. 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](#)

12. 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](#)

13. 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](#)

14. 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](#)

15. 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](#)

16. Non-U.S. Original Self - Name



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
<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](#)

17. 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](#)

18. 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


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

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

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

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

19. 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](#)

20. 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](#)


21. 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**

Non-U.S. Original Self - Review and Edit - Continued

✔ 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**

✔ Race and Ethnicity

Edit

Are you Hispanic or Latino? (Select one): **No response**

What is your race? (Select one or more): **No response**

✔ Documentation

Edit

Evidence Documentation For You: **Foreign Passport**

Next

Previous

Exit

22. 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](#)

23. Non-U.S. Original Self - Success

Success - ESS



Use Our Online Service To Obtain a Social Security Number Card

 **You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.**

IMPORTANT: Your Social Security card request is not complete until you show the document(s) below to a [local Social Security office or card center](#). You must schedule your appointment within 45 days, or you will need to submit a new application.

- Foreign Passport

PREPARING FOR YOUR VISIT:

- Please gather the documents before you visit and bring them with you. We can't complete your application without them.
- If you have questions before you visit, please call your [local Social Security office or card center](#) or our National 800 Number at 1-800-772-1213.
- You must wear a mask and follow physical distancing requirements, even if you are vaccinated.
- You may need to wait outside because space in our offices is limited due to physical distancing requirements. Please plan for cold or bad weather.
- We ask that you come alone unless you require help with your visit. If you require help, we can only permit one person to join you.
 - If you are applying for an original social security card for an individual age 12 or over, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.
- Please follow directions for check-in when you arrive.

Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before visiting an office to show your documents.

123 Main St.
Anytown, Maryland 12345

Print

Schedule an Appointment

Done

24. Non-U.S. Original Someone Else Adult - Landing



Use Our Online Service To Obtain A Social Security Number Card

Online Social Security Number Application

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

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your online request, you must **visit** your [local Social Security office or card center](#) with your documentation within **45 calendar days**.


Acceptable documents **MUST** be original or copies certified by the issuing agency, unexpired and must show name, date of birth or age. [Find out which documents are required for your original or replacement card request.](#)

After SSA verifies your document(s) and completes your request, you will receive your social security card in the mail **within 14 business days**.

[Apply Now](#)

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

25. 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](#)

26. 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](#)

27. 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](#)

28. 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](#)

29. 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](#)

30. 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](#)

31. 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

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

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

32. 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](#)

33. 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](#)

34. 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](#)

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



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 used any other names not listed above?

Yes No

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

36. 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](#)

37. 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](#)

38. 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](#)

39. 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](#)


40. 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**

Non-U.S. Original Someone Else Adult - Review and Edit – Continued


 Relationship	Edit
What is YOUR relationship to the individual?: Court Appointed Legal Guardian	
 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	
 Place of Birth	Edit
Where is the individual's place of birth?: Wellington, New Zealand	
 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	
 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	

Non-U.S. Original Someone Else Adult - Review and Edit – Continued

 **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**

 **Race and Ethnicity**

Edit

Are you Hispanic or Latino? (Select one): **No response**

What is your race? (Select one or more): **No response**

 **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

Previous

Exit

41. 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](#)

42. Non-U.S. Original Someone Else Adult - Success

Success – ESS



Use Our Online Service To Obtain a Social Security Number Card

 **You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.**

IMPORTANT: Your Social Security card request is not complete until you show the document(s) below to a [local Social Security office or card center](#). You must schedule your appointment within 45 days, or you will need to submit a new application.

- Foreign Passport

PREPARING FOR YOUR VISIT:

- Please gather the documents before you visit and bring them with you. We can't complete your application without them.
- If you have questions before you visit, please call your [local Social Security office or card center](#) or our National 800 Number at 1-800-772-1213.
- You must wear a mask and follow physical distancing requirements, even if you are vaccinated.
- You may need to wait outside because space in our offices is limited due to physical distancing requirements. Please plan for cold or bad weather.
- We ask that you come alone unless you require help with your visit. If you require help, we can only permit one person to join you.
 - If you are applying for an original social security card for an individual age 12 or over, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.
- Please follow directions for check-in when you arrive.

Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before visiting an office to show your documents.

123 Main St.
Anytown, Maryland 12345

Print

Schedule an Appointment

Done

43. 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 online request, you must **visit** your [local Social Security office or card center](#) with your documentation within **45 calendar days**.


Acceptable documents **MUST** be original or copies certified by the issuing agency, unexpired and must show name, date of birth or age. [Find out which documents are required for your original or replacement card request.](#)

After SSA verifies your document(s) and completes your request, you will receive your social security card in the mail **within 14 business days**.

[Apply Now](#)

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

44. 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](#)

45. 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](#)

46. 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](#)

47. 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](#)

48. 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](#)

49. 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](#)

50. 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

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

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

51. 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

52. 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](#)

53. Non-U.S. Original 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 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 used any other names not listed above?

Yes No


Next

Previous

Exit

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

54. 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](#)

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

 **Social Security**

Use Our Online Service To Obtain a Social Security Number Card

Online Social Security Number Application
* Indicates required information

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


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

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

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

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

56. 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](#)

57. Non-U.S. Original 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](#)


58. 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**

 **Relationship** Edit

What is YOUR relationship to and responsibility for the individual?: **Custodial Father**

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

 Place of Birth	Edit
Where is the individual's place of birth?: Wellington, New Zealand	
 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	
 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	

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

Race and Ethnicity

Edit

Are you Hispanic or Latino? (Select one): **No response**

What is your race? (Select one or more): **No response**

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

Previous

Exit

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

59. 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](#)

60. Non-U.S. Original Someone Else Child - Success

Success – ESS



Use Our Online Service To Obtain a Social Security Number Card

 **You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.**

IMPORTANT: Your Social Security card request is not complete until you show the document(s) below to a [local Social Security office or card center](#). You must schedule your appointment within 45 days, or you will need to submit a new application.

- Foreign Passport

PREPARING FOR YOUR VISIT:

- Please gather the documents before you visit and bring them with you. We can't complete your application without them.
- If you have questions before you visit, please call your [local Social Security office or card center](#) or our National 800 Number at 1-800-772-1213.
- You must wear a mask and follow physical distancing requirements, even if you are vaccinated.
- You may need to wait outside because space in our offices is limited due to physical distancing requirements. Please plan for cold or bad weather.
- We ask that you come alone unless you require help with your visit. If you require help, we can only permit one person to join you.
 - If you are applying for an original social security card for an individual age 12 or over, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.
- Please follow directions for check-in when you arrive.

Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before visiting an office to show your documents.

123 Main St.
Anytown, Maryland 12345

Print

Schedule an Appointment

Done

61. 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 online request, you must **visit** your [local Social Security office or card center](#) with your documentation within **45 calendar days**.


Acceptable documents **MUST** be original or copies certified by the issuing agency, unexpired and must show name, date of birth or age. [Find out which documents are required for your original or replacement card request.](#)

After SSA verifies your document(s) and completes your request, you will receive your social security card in the mail **within 14 business days**.

[Apply Now](#)

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

62. 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](#)

63. 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](#)

64. 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](#)

65. 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](#)

66. 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**
 Yourself
 Someone else

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

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

67. 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

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

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

68. 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](#)

69. 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

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

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

70. 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](#)

71. Non-U.S. Replacement Self - Name



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
<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

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

72.

1. 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
<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"/>

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

2. Non-U.S. Replacement Self - U.S. Mailing Address



Social Security

Use Our Online Service To Obtain a Social Security Number Card

Online Social Security Number Application

* Indicates required information

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

* Street Address Apartment, Suite, Building, Etc.

* City/Town * State/Territory * ZIP Code

What is your daytime phone number?
10-digit Number

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

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

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



Use Our Online Service To Obtain a Social Security Number Card

Online Social Security Number Application

i What you need to know about documentation

- You must present original documentation or copies certified by the agency that issued them.
- We cannot accept photocopies or notarized copies.
- We cannot accept a receipt showing you applied for the document.
- Acceptable documents must be unexpired, show name, date of birth or age.

Generally, you must provide at least two documents to prove identity and immigration status. However, we may use one document for two purposes. For example, we may use an I-766 EAD card as proof of 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 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"/> F20 Certificate of Eligibility
<input type="checkbox"/> Other

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

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

4. Non-U.S. Replacement Self - 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 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.

Generally, you must provide at least two documents to prove identity and immigration status. However, we may use one document for two purposes. For example, we may use an I-766 EAD card as proof of 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 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"/> I-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](#)


5. 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**

Non-U.S. Replacement Self - Review and Edit - Continued

✔ 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**

✔ Race and Ethnicity

Edit

Are you Hispanic or Latino? (Select one): **No response**

What is your race? (Select one or more): **No response**

✔ Documentation

Edit

Evidence Documentation For You: **Foreign Passport**

Next

Previous

Exit

6. Non-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](#)

7. Non-U.S. Replacement Self - Success

Success - ESS



Use Our Online Service To Obtain a Social Security Number Card

 **You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.**

IMPORTANT: Your Social Security card request is not complete until you show the document(s) below to a [local Social Security office or card center](#). You must schedule your appointment within 45 days, or you will need to submit a new application.

- Foreign Passport

PREPARING FOR YOUR VISIT:

- Please gather the documents before you visit and bring them with you. We can't complete your application without them.
- If you have questions before you visit, please call your [local Social Security office or card center](#) or our National 800 Number at 1-800-772-1213.
- You must wear a mask and follow physical distancing requirements, even if you are vaccinated.
- You may need to wait outside because space in our offices is limited due to physical distancing requirements. Please plan for cold or bad weather.
- We ask that you come alone unless you require help with your visit. If you require help, we can only permit one person to join you.
 - If you are applying for an original social security card for an individual age 12 or over, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.
- Please follow directions for check-in when you arrive.

Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before visiting an office to show your documents.

123 Main St.
Anytown, Maryland 12345

Print

Schedule an Appointment

Done

8. Non-U.S. Replacement Someone Else Adult - Landing



Use Our Online Service To Obtain A Social Security Number Card

Online Social Security Number Application

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

1. We will walk you through the guided steps needed to submit your request.
2. After you submit your online request, you must **visit** your [local Social Security office or card center](#) with your documentation within **45 calendar days**.


Acceptable documents **MUST** be original or copies certified by the issuing agency, unexpired and must show name, date of birth or age. [Find out which documents are required for your original or replacement card request.](#)

After SSA verifies your document(s) and completes your request, you will receive your social security card in the mail **within 14 business days**.

[Apply Now](#)

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

9. 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](#)

10. 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](#)

11. 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](#)

12. 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](#)

13. 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](#)

14. 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?

* 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](#)

15. 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

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

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

16. 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](#)

17. 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](#)

18. 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](#)

19. 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](#)

20. 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](#)

21. 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?

<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 ever had a Social Security Number (SSN) card under a name not listed above?
 Yes No

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

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

22.

1. 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
<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](#)

2. 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](#)

3. 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.

Generally, you must provide at least two documents to prove identity and immigration status. However, we may use one document for two purposes. For example, we may use an I-766 EAD card as proof of 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 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](#)

4. Non-U.S. Replacement Someone Else Adult - Individual'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 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.

Generally, you must provide at least two documents to prove identity and immigration status. However, we may use one document for two purposes. For example, we may use an I-766 EAD card as proof of 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 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](#)


5. 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**








 **Date of Birth** Edit

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

 **Relationship** Edit

What is YOUR relationship to the individual?: **Court Appointed Legal Guardian**

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

 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	
 Name Change	
Are you requesting a name change for the individual?: No	
 Place of Birth	Edit
Where is the individual's place of birth?: Wellington, New Zealand	
 Assigned Social Security Number	
What is your Social Security Number (SSN)?: 123-45-8976	
 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	

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

Race and Ethnicity

[Edit](#)

Are you Hispanic or Latino? (Select one): **No response**

What is your race? (Select one or more): **No response**

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](#)

[Previous](#)

[Exit](#)

[OMB No. 0960-0066](#)

[Privacy Policy](#)

[Privacy Act Statement](#)

[Accessibility Help](#)

6. Non-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](#)

7. Non-U.S. Replacement Someone Else Adult - Success

Success - ESS



Use Our Online Service To Obtain a Social Security Number Card

 **You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.**

IMPORTANT: Your Social Security card request is not complete until you show the document(s) below to a [local Social Security office or card center](#). You must schedule your appointment within 45 days, or you will need to submit a new application.

- Foreign Passport

PREPARING FOR YOUR VISIT:

- Please gather the documents before you visit and bring them with you. We can't complete your application without them.
- If you have questions before you visit, please call your [local Social Security office or card center](#) or our National 800 Number at 1-800-772-1213.
- You must wear a mask and follow physical distancing requirements, even if you are vaccinated.
- You may need to wait outside because space in our offices is limited due to physical distancing requirements. Please plan for cold or bad weather.
- We ask that you come alone unless you require help with your visit. If you require help, we can only permit one person to join you.
 - If you are applying for an original social security card for an individual age 12 or over, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.
- Please follow directions for check-in when you arrive.

Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before visiting an office to show your documents.

123 Main St.
Anytown, Maryland 12345

Print

Schedule an Appointment

Done

8. Non-U.S. Replacement 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 online request, you must **visit** your [local Social Security office or card center](#) with your documentation within **45 calendar days**.


Acceptable documents **MUST** be original or copies certified by the issuing agency, unexpired and must show name, date of birth or age. [Find out which documents are required for your original or replacement card request.](#)

After SSA verifies your document(s) and completes your request, you will receive your social security card in the mail **within 14 business days**.

[Apply Now](#)

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

9. 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](#)

10. 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](#)

11. 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](#)

12. 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](#)

13. 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](#)

14. 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>	<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](#)

15. 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](#)

16. 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

17. 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](#)

18. 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](#)

19. 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](#)

20. 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 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](#)

21.

1. 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
<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](#)

2. 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](#)

3. 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.

Generally, you must provide at least two documents to prove identity and immigration status. However, we may use one document for two purposes. For example, we may use an I-766 EAD card as proof of 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 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](#)

4. Non-U.S. Replacement Someone Else Child - Individual'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 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.

Generally, you must provide at least two documents to prove identity and immigration status. However, we may use one document for two purposes. For example, we may use an I-766 EAD card as proof of 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 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


5. 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**








 **Date of Birth** Edit

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

 **Relationship** Edit

What is YOUR relationship to and responsibility for the individual?: **Custodial Father**

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

 Relationship	Edit
What is YOUR relationship to and responsibility for the individual?: Custodial Father	
 Name Change	
Are you requesting a name change for the individual?: No	
 Place of Birth	
Where is the individual's place of birth?: Wellington, New Zealand	
 Assigned Social Security Number	
What is your Social Security Number (SSN)?: 123-45-8976	
 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	

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

Race and Ethnicity

Edit

Are you Hispanic or Latino? (Select one): **No response**

What is your race? (Select one or more): **No response**

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

Previous

Exit

6. 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](#)

7. Non-U.S. Replacement Someone Else Child - Success

Success - ESS



Use Our Online Service To Obtain a Social Security Number Card

 **You successfully submitted your application! The Online Control Number for your application is O1111111111111111. Please write this number down and/or print this screen for your records.**

IMPORTANT: Your Social Security card request is not complete until you show the document(s) below to a [local Social Security office or card center](#). You must schedule your appointment within 45 days, or you will need to submit a new application.

- Foreign Passport

PREPARING FOR YOUR VISIT:

- Please gather the documents before you visit and bring them with you. We can't complete your application without them.
- If you have questions before you visit, please call your [local Social Security office or card center](#) or our National 800 Number at 1-800-772-1213.
- You must wear a mask and follow physical distancing requirements, even if you are vaccinated.
- You may need to wait outside because space in our offices is limited due to physical distancing requirements. Please plan for cold or bad weather.
- We ask that you come alone unless you require help with your visit. If you require help, we can only permit one person to join you.
 - If you are applying for an original social security card for an individual age 12 or over, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.
- Please follow directions for check-in when you arrive.

Will Social Security contact me about my application?

We will use the address you provided below if we need to contact you regarding your application. Don't wait to hear from Social Security before visiting an office to show your documents.

123 Main St.
Anytown, Maryland 12345

Print

Schedule an Appointment

Done