



DESIGN SPECIFICATIONS DOCUMENT

OSSNAP SCREEN PACKAGE

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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

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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" (unselected) and "No" (selected). A yellow warning banner contains an exclamation mark icon and the text: "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](#)

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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](#)

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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

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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](#)

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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](#)

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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

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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

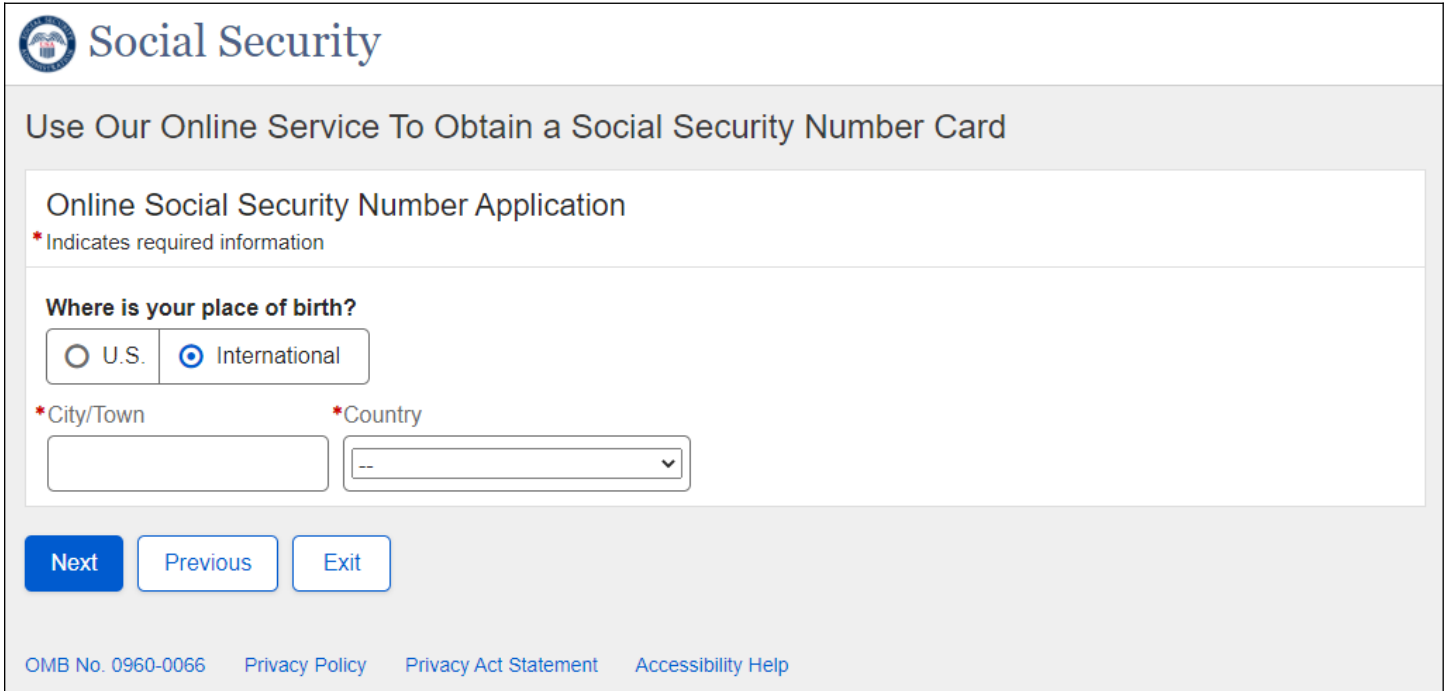
* City/Town

* State/Territory

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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 a header: "Use Our Online Service To Obtain a Social Security Number Card". The main content area is titled "Online Social Security Number Application" and includes a note: "* Indicates required information". The section "Where is your place of birth?" has two radio buttons: "U.S." (unselected) and "International" (selected). Below this are two required fields: "*City/Town" (a text input field) and "*Country" (a dropdown menu with "--" selected). At the bottom of the form are three buttons: "Next" (highlighted in blue), "Previous", and "Exit". The footer contains links for "OMB No. 0960-0066", "Privacy Policy", "Privacy Act Statement", and "Accessibility Help".

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

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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

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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

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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

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

What is your race? (Select one or more)

▼ Race Definitions

| |
|---|
| <input type="checkbox"/> Alaska Native |
| <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> White |

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

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

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.

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*** 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 |

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*** 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?**

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

***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 |

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*** 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

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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.

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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](#)


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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

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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](#)

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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

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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

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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

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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

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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

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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"/> |

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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

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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 |

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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).

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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

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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.

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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

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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

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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

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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"/> |

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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

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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

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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="--"/> |

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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

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 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

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** 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

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 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 |

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**** 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="--"/> |

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* 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)**

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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.

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
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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](#)

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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

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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

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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

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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

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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

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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?

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

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

**Social Security**

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Online Social Security Number Application
* Indicates required information

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

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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 |

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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

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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

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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

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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"/> |

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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

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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

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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 |

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**** 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

****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

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 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 |

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****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



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 |

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****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**

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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.

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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](#)

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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

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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

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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

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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

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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

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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

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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

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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

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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)?**

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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

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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

*First Middle *Last Suffix

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


Unknown

*First Middle *Last Suffix

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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.

* City/Town * State/Territory * ZIP Code

What is your daytime phone number?
10-digit Number

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



Use Our Online Service To Obtain a Social Security Number Card

Online Social Security Number Application

i What you need to know about documentation

- You must provide original documentation or copies certified by the agency that issued them.
- We cannot accept photocopies or notarized copies.
- We cannot accept a receipt showing you applied for the document.
- Acceptable documents must be unexpired, show name, date of birth or age.
- We may use one document for two purposes. For example, we may use a U.S. passport as proof of both citizenship and identity.
- 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 |

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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

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

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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

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

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

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

What was your former name?

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

What is your new name?

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

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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?

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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?

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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**

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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.

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
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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

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 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](#)

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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

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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

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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

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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

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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

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

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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

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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 |

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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

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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

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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

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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)?**

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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

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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"/> |

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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

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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 |

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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

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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**

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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.

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
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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](#)

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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

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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

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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

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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

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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

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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?

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

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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

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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 |

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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

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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

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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)?**

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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"/> |


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

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

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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


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

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

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

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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"/> |

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



Social Security

Use Our Online Service To Obtain a Social Security Number Card

Online Social Security Number Application

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) |

| | | |
|----------------------|--------------------------|----------------------|
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|----------------------|--------------------------|----------------------|

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

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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**

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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.

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
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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**.

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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


| | | | |
|----------------------|----------------------|----------------------|----------------------|
| *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"/> |

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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

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20. Non-U.S. Original Self - Documentation



Social Security

Use Our Online Service To Obtain a Social Security Number Card

Online Social Security Number Application



What you need to know about documentation

- You must present original documentation or copies certified by the agency that issued them.
- We cannot accept photocopies or notarized copies.
- We cannot accept a receipt showing you applied for the document.
- Acceptable documents must be unexpired, show name, date of birth or age.
- We may use one document for two purposes. For example, we may use a foreign Passport as proof of both age and identity.

Generally, ***you must provide at least two documents to prove age, identity, and immigration status.***

Social Security Number Documentation

*Indicates required information

*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"/> P20 Certificate of Eligibility |
| <input type="checkbox"/> Other |

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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**

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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.

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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](#)

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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

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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

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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

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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

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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

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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"/> |

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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

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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 |

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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

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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

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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

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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

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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"/> |

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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

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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) |
|--|

| | | |
|----------------------|--------------------------|----------------------|
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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)**

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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.

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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](#)

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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

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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

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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

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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

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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

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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"/> |

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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

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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 |

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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

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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

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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

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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"/> |

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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

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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 |

| | | |
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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**

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59. Non-U.S. Original Someone Else Child - Attestation



Use Our Online Service To Obtain a Social Security Number Card

Next Steps

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

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

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

Electronic Signature

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

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

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

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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**.

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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

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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

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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

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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

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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

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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

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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

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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

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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)?**

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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

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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"/> |

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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

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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"/> P20 Certificate of Eligibility |
| <input type="checkbox"/> Other |

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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 |

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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**

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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.

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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**.

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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

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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

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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

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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

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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

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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?

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

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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

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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 |

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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

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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

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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

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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)?**

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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

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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"/> |

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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

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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) |
|--|

| | | |
|----------------------|--------------------------|----------------------|
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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

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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)**

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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.

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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](#)

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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

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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

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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

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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

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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

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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?

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

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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

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

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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 |

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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

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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

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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)?**

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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


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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

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


Unknown

*First Middle *Last Suffix

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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

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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 |

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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 |

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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**

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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