



DESIGN SPECIFICATIONS DOCUMENT

OSSNAP SCREEN PACKAGE

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Authenticated Paths

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Authenticated U.S. Replacement No Change Self – Landing



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Authenticated U.S. Replacement No Change Self - Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.

Next

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OMB No. 0960-0066

Authenticated U.S. Replacement No Change Self - Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, 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

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OMB No. 0960-0066

Authenticated U.S. Replacement No Change Self - Age 13 or Older

 Social Security

Online Social Security Number Application


A red asterisk (*) indicates a required field.

***You must be 13 or older to fill out this application. Are you 13 or older?**

☒ Yes ☐ No

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


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Authenticated U.S. Replacement No Change Self - Age 13 or Older – No

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


 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

* Are you 13 or older?


☐ Yes ☒ No

 You must be age 13 or over to fill out this application. You can request a [Social Security Number card](#) through a [local Social Security office or card center](#).

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OMB No. 0960-0066

Authenticated U.S. Replacement No Change Self - Age 18 or Older

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

* Are you 13 or older?

☒ Yes ☐ No

* Are you 18 or older?

☐ Yes ☐ No

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Authenticated U.S. Replacement No Change Self - U.S. Mailing Address Available



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Authenticated U.S. Replacement No Change Self - U.S. Mailing Address Available – No

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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, but a U.S. mailing address is required to request a Social Security number card online.

- If you live in the U.S. but do not have a U.S. mailing address, please [schedule an appointment](#) with your local Social Security office or card center.
- If you have a foreign address, please request your Social Security number card through a [local Social Security office or card center](#).

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Authenticated U.S. Replacement No Change Self - Applying For



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*Who are you applying for?



Yourself



Someone else

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Authenticated U.S. Replacement No Change Self - Have an SSN

 An official website of the United States government [Here's how you know](#) ▼

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.


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

☒ Yes ☐ No ☐ Don't Know

***Do you know the SSN?**

☐ Yes ☐ No

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Authenticated U.S. Replacement No Change - Authentication

Sign In or Create an Account

If you already have a Login.gov or ID.me account, do not create a new one. You can use your existing account to access Social Security services.


Sign in with  LOGIN.GOV

Sign in with  ID.me

 The Social Security username sign-in option is no longer available.

 [Create an account with Login.gov](#)

 [Create an account with ID.me](#)


 [Sign in Help and Support](#)

[Sign in with FIS Simulator](#)

[External Site Disclaimer](#)

Authenticated U.S. Replacement No Change Self – SSN

*User enters SSN.

 Social Security Sign Out

Online Social Security Number Application


A red asterisk (*) indicates a required field.

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

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Authenticated U.S. Replacement No Change Self – Prefilled Date of Birth

 Social Security

Sign Out

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is your date of birth?

*Month	*Day	*Year
01 - January	1	2000

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Authenticated U.S. Replacement No Change Self – Prefilled Place of Birth



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.



If you update your place of birth, you may be required to visit your local Social Security office or card center and present original documents as evidence.

Where is your place of birth?

U.S.

International

*City/Town

WOODLAWN

*State

Maryland



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Authenticated U.S. Replacement No Change Self – Prefilled 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.

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

 If you update your place of birth, you may be required to visit your local Social Security office or card center and present original documents as evidence.

Where is your place of birth?

U.S.

International

*City/Town
Jakarta

*Country
Indonesia (01/01/1900 - PRESENT) ▼


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Authenticated U.S. Replacement No Change Self – Prefilled Name

 Social Security Sign Out

Online Social Security Number Application

A red asterisk (*) indicates a required field.

 **Your Current Name**

JOHN, , DOE, JR

◦ Your Name is displayed above as First Name, Middle Name, Last Name followed by Suffix

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

☐ Yes ☒ No


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Authenticated U.S. Replacement No Change Self – Name – Dynamic Content Expanded

* The non-expanded Name page preceding this one will be shown for Authenticated U.S. Replacement for Self 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

Online Social Security Number Application

A red asterisk (*) indicates a required field.

How should your name appear on the new card?

*First Middle *Last Suffix

Phuong [] Velsinky -- ▾

*Is the name you entered your full birth name?

☐ Yes ☒ No

What was your full name at birth?

*First Middle *Last Suffix

[] [] [] -- ▾

*Have you ever had a Social Security Number (SSN) card under a name 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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Authenticated U.S. Replacement No Change Self – Prefilled Parents Names

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

 If you update your parents' names, you may be required to visit your local Social Security office or card center and present original documents as evidence.

*What is your parent/mother's birth name?

☐ Unknown

*FirstIngram

Middle

*LastBelew

Suffix--

*What is your parent/father's name?

☐ Unknown

*FirstGen

Middle

*LastFoster

Suffix--

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Authenticated U.S. Replacement No Change Self - U.S. Mailing Address

*User will provide information.

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*ZIP Code


What is your daytime phone number?
10-digit Number

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Authenticated U.S. Replacement No Change Self – Race and Ethnicity

*User will provide information.

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

 **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.

▼ Show Race and Ethnicity Definitions

Are you Hispanic or Latino? (Select one):

☐ Yes

☐ No

What is your race? (Select one or more):

☐ Alaska Native

☐ American Indian

☐ Asian

☐ Black/African American

☐ Native Hawaiian

☐ Other Pacific Islander


☐ White

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


<u>Answer</u> ▼	<u>Definition</u>
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](#)

<u>Answer</u> ▼	<u>Definition</u>
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.

Authenticated U.S. Replacement No Change Self - U.S. Documentation – Identity

*User will provide U.S. Driver's license information.

 Social Security Sign Out

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

***Identity Documentation**
Please select one document from the list

☒ U.S. driver's license

☐ State-issued non-driver identification card

☐ U.S. passport

☐ None of the above

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

***In which state or territory was your driver's license issued?**

What is the issue date?
Month Day Year

What is the expiration date?
Month Day Year

***Enter your Name as shown on your driver's license or ID card.**

***First**

Middle

***Last**


Suffix

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Authenticated U.S. Replacement No Change Self – Review, Edit, and Attestation

 **Social Security** Sign Out

Online Social Security Number Application

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.

✓ **Date of Birth**

Edit

What is your date of birth?: **May 6, 1988**

✓ **Place of Birth**

Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

✓ **Assigned Social Security Number**

Edit

What is your Social Security Number (SSN)?: **111-11-1111**

✓ **Name**

Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**

U.S. Original No Change Self – Review, Edit, and Attestation – Continued

*When the attestation box is checked, a “Next” button will appear.

✓ Race and Ethnicity

[Edit](#)

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

What is your race? (Select one or more): **White**

✓ Documentation

[Edit](#)

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

What is your driver's license number?: **A232SD**

In which state or territory was your driver's license issued?: **Maryland**

What is the issue date?: **August 14, 2020**

What is the expiration date?: **November 14, 2027**

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

☐ * **I have read the statements above, and I agree to the Terms of Service.**

Electronic Signature

I understand and agree that my application will be signed electronically when I select the check box 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.


I understand that by checking "I have read the statement above, and I agree to the Terms of Service", I am providing "written instructions" to SSA under the Fair Credit Reporting Act authorizing SSA to obtain information from my personal credit profile or other information from Experian. I authorize SSA to obtain such information solely to provide me access to personally identifiable information and prevent fraudulent transactions.

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

OMB No. 0960-0066

Authenticated U.S. Replacement No Change Self – Review, Edit, and 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.

 **Race and Ethnicity**

Edit

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

What is your race? (Select one or more): **White**

 **Documentation**

Edit

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

What is your driver's license number?: **A232SD**

In which state or territory was your driver's license issued?: **Maryland**

What is the issue date?: **August 14, 2020**

What is the expiration date?: **November 14, 2027**

The social security number card request is not complete. In order for the card to be processed:

☒ *** I have read the statements above, and I agree to the Terms of Service.**

Electronic Signature
I understand and agree that my application will be signed electronically when I select the check box below. I also understand that my electronic signature means that I intend to apply for a social security number 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.

I understand that by checking "I have read the statement above, and I agree to the Terms of Service", I am providing "written instructions" to SSA under the Fair Credit Reporting Act authorizing SSA to obtain information from my personal credit profile or other information from Experian. I authorize SSA to obtain such information solely to provide me access to personally identifiable information and prevent fraudulent transactions.


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Authenticated U.S. Replacement No Change Self - Success

 Social Security Sign Out

Online Social Security Number Application




Your request has been received.

- A receipt for your submission will be available in the *my* Social Security Message Center shortly.
- We will send you a Notification through *my* Social Security Message Center when your request has been reviewed.

Done

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Authenticated U.S. Replacement Name Change Self – Landing



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Authenticated U.S. Replacement Name Change Self – Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.

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Authenticated U.S. Replacement Name Change Self - Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, 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.

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OMB No. 0960-0066

Authenticated U.S. Replacement Name Change Self - Age 13 or Older

 Social Security


Online Social Security Number Application

A red asterisk (*) indicates a required field.

***You must be 13 or older to fill out this application. Are you 13 or older?**

☒ Yes ☐ No

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Authenticated U.S. Replacement Name Change Self - U.S. Mailing Address Available



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Authenticated U.S. Replacement Name Change Self - Have an SSN

An official website of the United States government [Here's how you know](#)

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

☒ Yes ☐ No ☐ Don't Know

***Do you know the SSN?**


☐ Yes ☐ No

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Authenticated U.S. Replacement Name Change Self - Applying For



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*Who are you applying for?



Yourself



Someone else

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Authenticated U.S. Replacement Name Change Self - Authentication

Sign In or Create an Account

If you already have a Login.gov or ID.me account, do not create a new one. You can use your existing account to access Social Security services.

Sign in with  LOGIN.GOV

Sign in with ID.me

 The Social Security username sign-in option is no longer available.

 [Create an account with Login.gov](#)

 [Create an account with ID.me](#)


 [Sign in Help and Support](#)

[Sign in with FIS Simulator](#)

[External Site Disclaimer](#)

Authenticated U.S. Replacement Name Change Self – SSN

*User enters SSN.

 Social Security Sign Out

Online Social Security Number Application


A red asterisk (*) indicates a required field.

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

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Authenticated U.S. Replacement Name Change Self – Prefilled Date of Birth

 Social Security

Sign Out

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is your date of birth?

*Month	*Day	*Year
01 - January ▼	1 ▼	2000

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Authenticated U.S. Replacement Name Change Self – Prefilled Place of Birth

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

 If you update your place of birth, you may be required to visit your local Social Security office or card center and present original documents as evidence.

Where is your place of birth?

U.S.

International

*City/Town
WOODLAWN

*State
Maryland ▼

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Your Current Name

JOHN, , DOE, JR

- Your Name is displayed above as First Name, Middle Name, Last Name followed by Suffix

***Are you requesting a name Change?**

☒ Yes
 ☐ No

***What is the reason for the name change?**

☒ Marriage
 ☐ Other

Please Indicate How Your Name Should Appear on Your Social Security Card

*First	Middle	*Last	Suffix
JOHN		<div>Please Select an Option</div> <div> Please Select an Option Spouse's Last Name Your Last Name + Spouse's Last Name (with hyphen) Spouse's Last Name + Your Last Name (with hyphen) Your Last Name + Spouse's Last Name (no hyphen) Spouse's Last Name + Your Last Name (no hyphen) None of the above </div>	--

How Would You Like Your Name to Appear on Your Social Security Card

*First	Middle
JOHN	

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*If User selects “None of the above, dynamic screen is presented.

 **Social Security**

Sign Out

Online Social Security Number Application

A red asterisk (*) indicates a required field.



Your Current Name
JOHN, , DOE, JR
◦ Your Name is displayed above as First Name, Middle Name, Last Name followed by Suffix

***Are you requesting a name Change?**

☒ Yes ☐ No

***What is the reason for the name change?**

☒ Marriage ☐ Other

Please Indicate How Your Name Should Appear on Your Social Security Card

*First	Middle	*Last	Suffix
<input type="text" value="JOHN"/>	<input type="text"/>	<input type="text" value="None of the above"/>	<input type="text" value="JR"/>

How Would You Like Your Name to Appear on Your Social Security Card?


*First	Middle	Last	Suffix
<input type="text" value="JOHN"/>	<input type="text"/>	<input type="text" value="DOE"/>	<input type="text" value="JR"/>

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Authenticated U.S. Replacement Name Change Self – Prefilled Parents Names

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.



If you update your parents' names, you may be required to visit your local Social Security office or card center and present original documents as evidence.

*What is your parent/mother's birth name?

☐ Unknown

*First

Middle

*Last

Suffix

Ingram

Belew

-- ▾

*What is your parent/father's name?

☐ Unknown

*First

Middle

*Last

Suffix

Gen

Foster

-- ▾

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Authenticated U.S. Replacement Name Change Self - U.S. Mailing Address

*User will provide information.

 **Social Security**

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

--

▼

*ZIP Code

What is your daytime phone number?
10-digit Number


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Authenticated U.S. Replacement Name Change Self – Race and Ethnicity

*User will provide information.



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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.

▼ Show Race and Ethnicity Definitions

Are you Hispanic or Latino? (Select one):

☐ Yes

☐ No

What is your race? (Select one or more):

☐ Alaska Native

☐ American Indian

☐ Asian

☐ Black/African American

☐ Native Hawaiian

☐ Other Pacific Islander

☐ White

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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](#)

<u>Answer</u> ▼	<u>Definition</u>
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.

Authenticated U.S. Replacement Name Change Self - U.S. Documentation – Identity

*User will provide U.S. Driver's license information.

 **Social Security** Sign Out

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

***Identity Documentation**
Please select one document from the list

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

***What is your driver's license number?**
X001001001001

***In which state or territory was your driver's license issued?**
Alabama

What is the issue date?
Month: -- Day: -- Year: --

What is the expiration date?
Month: -- Day: -- Year: --

***Enter your Name as shown on your driver's license or ID card.**

***First**

Middle

***Last**

Suffix


--

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Authenticated U.S. Replacement Name Change Self – Name Change Documentation

*User will provide name change information.

*Name Change Documentation

Please select one document from the list

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

State File Number

May be listed on your document as "Marriage License File Number"

☐ If your marriage document does not contain an identifying number, please check the box for unknown

Date of Marriage

If your request is within 30 days of the date of your marriage, we cannot process your request using this system. You may begin a name change replacement social security card request using another online social security card processing application. You may also contact your local office for other replacement card options.

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

City of Marriage

Enter the city that issued your marriage certificate.

County/Borough of Marriage

If known, enter the county/borough that issued your marriage certificate.

Date of Recordation

May be listed as: filing date, date filed or date recorded

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

Authenticated U.S. Replacement Name Change Self – Name Change Documentation – Continued

Date Document Issued

Month	Day	Year
--	--	

*State/Territory of Marriage

--

Name and Title of Official Executing Document

Name of Issuing Agency/Custodian of Record

Record ID Number (if different from File Number)

Your Full Name Before Marriage

As shown on your marriage certificate

*First	Middle	*Last	Suffix
			--

Your Spouse's Full Name Before Marriage


As shown on your marriage certificate

*First	Middle	*Last	Suffix
			--

Please Indicate How Your Name Should Appear on Your Social Security Card

*First	Middle	*Last	Suffix
		Please Select an Option	--

Authenticated U.S. Replacement Name Change Self – Review, Edit, and Attestation

 **Social Security** Sign Out

Online Social Security Number Application

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.

✓ **Date of Birth**

Edit

What is your date of birth?: **May 6, 1988**

✓ **Place of Birth**

Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

✓ **Assigned Social Security Number**

Edit

What is your Social Security Number (SSN)?: **111-11-1111**

✓ **Name**

Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**

U.S. Replacement Name Change Self – Review, Edit, and Attestation – Continued

✓ Race and Ethnicity

[Edit](#)

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

What is your race? (Select one or more): **White**

✓ Documentation

[Edit](#)

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

What is your driver's license number?: **A232SD**

In which state or territory was your driver's license issued?: **Maryland**

What is the issue date?: **August 14, 2020**

What is the expiration date?: **November 14, 2027**

Name Change Documentation: **Marriage document/U.S.**

State File Number: **23233223**

Date of Marriage: **August 14, 2020**

City of Marriage: **Not Answered**

County/Borough of Marriage: **Not Answered**

Date of Recordation: **November 18, 2020**

Date Document Issued: **November 18, 2020**

State/Territory of Marriage: **Arkansas**

Name and Title of Official Executing Document: **Not Answered**

Name of Issuing Agency/Custodian of Record: **Not Answered**

Record ID Number: **Not Answered**

Full Name before Marriage: **Jane Smith**

Spouse's Name before Marriage: **John Doe**

New Last Name Option you have selected: **Spouse's Last Name**

What is the issue date?: **November 18, 2020**

U.S. Original Name Change Self – Review, Edit, and Attestation – Continued

*When all attestation boxes are checked, user will be able to submit the application package.

New Name

☒ * Check the box if you agree with your new name.

Based on the information you provided, your new name is displayed below. Please verify your name is correct.

If you need to make changes, select the "Edit Name" button above.

Jane Doe

Acknowledge Disclosures

Please read and accept the following statement.

☒ * I understand if I receive benefits, I must report my marriage to my [local office](#).

Submitting a name change replacement SSN card request due to marriage in this system may not automatically update all of your records.

If you receive benefits, have a claim pending, or are serving as a representative payee for Social Security or Supplemental Security Income (SSI) benefits, you must report the marriage information promptly to your local office or call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm (Eastern Time Zone). If you are deaf or hard of hearing, call TTY 1-800-325-0778. We will tell you how your benefits may be affected. Failure to report your marriage may result in an overpayment that must be repaid.

Please read and accept the following statement.

☒ * I have read the statements above, and I agree to the Terms of Service.

Electronic Signature

I understand and agree that my application will be signed electronically when I select the check box 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.


I understand that by checking "I have read the statement above, and I agree to the Terms of Service", I am providing "written instructions" to SSA under the Fair Credit Reporting Act authorizing SSA to obtain information from my personal credit profile or other information from Experian. I authorize SSA to obtain such information solely to provide me access to personally identifiable information and prevent fraudulent transactions.

Submit Application Package


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Authenticated U.S. Replacement Name Change Self - Success

 Social Security Sign Out

Online Social Security Number Application




Your request has been received.

- A receipt for your submission will be available in the *my* Social Security Message Center shortly.
- We will send you a Notification through *my* Social Security Message Center when your request has been reviewed.

Done

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Authenticated U.S. Replacement Self Hybrid – Landing



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Authenticated U.S. Replacement Self Hybrid – Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.


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Authenticated U.S. Replacement Self Hybrid - Privacy Act Statement

Authenticated U.S. Replacement Self Hybrid - Age 13 or Older

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.


***You must be 13 or older to fill out this application. Are you 13 or older?**

☒ Yes ☐ No

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Authenticated U.S. Replacement Self Hybrid - U.S. Mailing Address



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Authenticated U.S. Replacement Self Hybrid - Have an SSN

 An official website of the United States government. [Here's how you know](#) ▼

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

☒ Yes ☐ No ☐ Don't Know

***Do you know the SSN?**


☐ Yes ☐ No

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Authenticated U.S. Replacement Self Hybrid - Applying For



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***Who are you applying for?**



Yourself



Someone else

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Authenticated U.S. Replacement Self Hybrid - Authentication


Sign In or Create an Account

If you already have a Login.gov or ID.me account, do not create a new one. You can use your existing account to access Social Security services.

Sign in with  LOGIN.GOV

Sign in with  ID.me

 The Social Security username sign-in option is no longer available.

 [Create an account with Login.gov](#)

 [Create an account with ID.me](#)


 [Sign in Help and Support](#)

[Sign in with FIS Simulator](#)

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Authenticated U.S. Replacement Self Hybrid – SSN

*User enters SSN

 Social Security Sign Out

Online Social Security Number Application


A red asterisk (*) indicates a required field.

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

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Authenticated U.S. Replacement Self Hybrid – Prefilled Date of Birth



Social Security

[Sign Out](#)

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is your date of birth?

*Month

*Day

*Year

01 - January

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Authenticated U.S. Replacement Self Hybrid – Prefilled Place of Birth

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

 If you update your place of birth, you may be required to visit your local Social Security office or card center and present original documents as evidence.

Where is your place of birth?

U.S.

International

*City/Town

*State

Maryland

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Authenticated U.S. Replacement Self Hybrid – Prefilled Name

*User requests name change, either due to marriage and then selects None of the Above for how name should appear, or indicates the reason as 'other'

 **Social Security** Sign Out

Online Social Security Number Application

A red asterisk (*) indicates a required field.

 **Your Current Name**

JOHN, , DOE, JR

◦ Your Name is displayed above as First Name, Middle Name, Last Name followed by Suffix

***Are you requesting a name Change?**

☒ Yes ☐ No

***Name change reason?**

☒ Marriage ☐ Other

Please Indicate How Your Name Should Appear on Your Social Security Card

*First	Middle	*Last	Suffix
<input type="text" value="JOHN"/>	<input type="text"/>	<input type="text" value="None of the above"/>	<input type="text" value="JR"/>

Please Indicate How Your Name Should Appear on Your Social Security Card

*First	Middle	Last	Suffix
<input type="text" value="JOHN"/>	<input type="text"/>	<input type="text" value="DOE"/>	<input type="text" value="JR"/>

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Authenticated U.S. Replacement Self Hybrid - U.S. Mailing Address

*User will provide information.

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*ZIP Code

--

▼

What is your daytime phone number?
10-digit Number

(

)


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Authenticated U.S. Replacement Self Hybrid – Race and Ethnicity

*User will provide information.



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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.

[Show Race and Ethnicity Definitions](#)

Are you Hispanic or Latino? (Select one):

☐ Yes

☐ No

What is your race? (Select one or more):

☐ Alaska Native

☐ American Indian

☐ Asian

☐ Black/African American

☐ Native Hawaiian

☐ Other Pacific Islander

☐ White

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Are you Hispanic or Latino? (Select one)

[Ethnicity Definitions](#)

<u>Answer</u> ▼	<u>Definition</u>
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](#)

<u>Answer</u> ▼	<u>Definition</u>
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.

Authenticated U.S. Replacement Self Hybrid - U.S. Documentation – Identity

* An Identity Document leads to the Hybrid Path when:

- The document is any type other than a Driver's License or State ID, or
- The Driver's License or State ID is issued by a nonparticipating state.



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.



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

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

*What is your U.S. passport number?

What is the issue date?

*Month	*Day	*Year
--	--	

What is the expiration date?

*Month	*Day	*Year
--	--	

Design Specifications Document – OSSNAP Screen Package

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

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

Design Specifications Document – OSSNAP Screen Package

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input checked="" type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

Additional information for your **Medical Record - Clinic or Hospital**.
The record must show the individual's name and date of birth (or age).

*Is the document from the U.S. or a foreign country?

☒ U.S. ☐ Foreign

*What is the Name of the Institution?

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

*Which State issued this 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**.
The record must show the individual's name and date of birth (or age).

*Is the document from the U.S. or a foreign country?

☐ U.S. ☒ Foreign

*What is the Name of the Institution?

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

*Which Country issued this document?

--

What is the Issue Date?

*Month *Day *Year
-- --

What is the Document Number?

What is the Patient or Chart Number?

Design Specifications Document – OSSNAP Screen Package

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/>	Medical Record - Clinic or Hospital
<input checked="" type="radio"/>	Medical Record - Physician
<input type="radio"/>	Health Insurance Card
<input type="radio"/>	School Record
<input type="radio"/>	School ID
<input type="radio"/>	Certificate of Naturalization (N-550/N-570)
<input type="radio"/>	Certificate of Citizenship (N-560/N-561)
<input type="radio"/>	Medicaid Card
<input type="radio"/>	Employee Identification Card
<input type="radio"/>	U.S. Military Identification Card
<input type="radio"/>	Other Proof of Identity Documentation

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

The record must show the individual's name and date of birth (or age).

*Is the document from the U.S. or a foreign country?

☒ U.S. ☐ Foreign

*What is the Name of the Institution?

*Which State issued this document?

--

What is the Issue Date?

*Month *Day *Year
-- -- --

What is the Patient or Chart Number?

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

Additional information for your **School Record**.

The record or transcript must be for current school year and shows the individual's name and either a photograph of the individual or the individual's date of birth.

*Is the document from the U.S. or a foreign country?

☐ U.S. ☒ Foreign

*What is the Name of the School?

*Which Country issued this document?

--

What is the Issue Date?

*Month *Day *Year
-- -- --

What is the Document Number?

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/>	Medical Record - Clinic or Hospital
<input type="radio"/>	Medical Record - Physician
<input checked="" type="radio"/>	Health Insurance Card
<input type="radio"/>	School Record
<input type="radio"/>	School ID
<input type="radio"/>	Certificate of Naturalization (N-550/N-570)
<input type="radio"/>	Certificate of Citizenship (N-560/N-561)
<input type="radio"/>	Medicaid Card
<input type="radio"/>	Employee Identification Card
<input type="radio"/>	U.S. Military Identification Card
<input type="radio"/>	Other Proof of Identity Documentation

Additional information for your **Health Insurance Card**.

The card must be current and show the individual's name with either a photograph, date of birth or the parent(s) name(s).

*What is the Company/Institution Name?

☒ Company ☐ Institution Name

*Company Name

*What is the Health Insurance Card Number?

What is the Issue Date?

Month Day Year
-- -- --

Additional information for your **Health Insurance Card**.

The card must be current and show the individual's name with either a photograph, date of birth or the parent(s) name(s).

*What is the Company/Institution Name?

☐ Company ☒ Institution Name

*Institution Name

*What is the Health Insurance Card Number?

What is the Issue Date?

Month Day Year
-- -- --

Design Specifications Document – OSSNAP Screen Package

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input checked="" type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

Additional information for your **School Record**:

The record or transcript **must be for current school year** and shows the individual's name and **either** a photograph

*Is the document from the U.S. or a foreign country?

☒ U.S. ☐ Foreign

*What is the Name of the School?

*Which State issued this document?

What is the Issue Date?

*Month *Day *Year

What is the Document Number?

Additional information for your **School Record**:

The record or transcript **must be for current school year** and shows the individual's name and **either** a photograph of the individual or the individual's date of birth.

*Is the document from the U.S. or a foreign country?

☐ U.S. ☒ Foreign

*What is the Name of the School?

*Which Country issued this document?

What is the Issue Date?

*Month *Day *Year

What is the Document Number?

Design Specifications Document – OSSNAP Screen Package

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input checked="" type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

Additional information for your **School ID**.

The ID **must be for current school year** and shows the individual's name and **either** a photo

Is the document from the U.S. or a foreign country?

☒ U.S. ☐ Foreign

What is the Name of the School?

Which State issued the ID?

What is the Issue Date?

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

What is the Expiration Date?

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

What is the ID Number?

Additional information for your **School ID**.

The ID **must be for current school year** and shows the individual's name and **either** a photograph of the applicant or the individual's date of birth.

***Is the document from the U.S. or a foreign country?**

☐ U.S. ☒ Foreign

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

***Which Country issued the ID?**

What is the Issue Date?

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

What is the Expiration Date?

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

What is the ID Number?

Design Specifications Document – OSSNAP Screen Package

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input checked="" type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

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

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*.

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input checked="" type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

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

What is the Issue Date?

*Month	*Day	*Year
--	--	

*What is the Certificate Number?

You may see this labeled as *Document Number*.

What is the Alien Registration Number?

t

Design Specifications Document – OSSNAP Screen Package

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input checked="" type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

Additional information for your **Medicaid Card**.

The card must be current and show the individual's name with either a photograph, date of birth or the parent(s) name(s).

*Which State or Territory issued the Medicaid Card?

*What is the Medicaid Card Number?

What is the Issue Date?

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

What is the Expiration Date?

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

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input checked="" type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

What is the Document Number?

What is the Issue Date?

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

What is the Expiration Date?

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

*What is the Name of the Company?

What is the Name of the Institution?

Design Specifications Document – OSSNAP Screen Package

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input checked="" type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

What is the Document Number?

What is the Issue Date?

*Month	*Day	*Year
--	--	

What is the Expiration Date?

*Month	*Day	*Year
--	--	

What is the Military Branch?

Authenticated U.S. Replacement Self Hybrid – Name Change Documentation

* Name change evidence leads to the Hybrid Path when:

- A U.S. marriage document is from a nonparticipating state, and
- Any other supporting evidence document is provided.

***Name Change Documentation**

Please select one document from the list

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

State File Number

May be listed on your document as "Marriage License File Number"

☐ If your marriage document does not contain an identifying number, please check the box for unknown

Date of Marriage

If your request is within 30 days of the date of your marriage, we cannot process your request using this system. You may begin a name change replacement social security card request using another online social security card processing application. You may also contact your local office for other replacement card options.

Month

Day

Year

City of Marriage

Enter the city that issued your marriage certificate.

County/Borough of Marriage

If known, enter the county/borough that issued your marriage certificate.

Date of Recordation


May be listed as: filing date, date filed or date recorded

Month

Day

Year

Authenticated U.S. Replacement Self Hybrid – Review, Edit, and Attestation

 **Social Security** Sign Out

Online Social Security Number Application

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.

✓ **Date of Birth** Edit

What is your date of birth?: **May 6, 1988**

✓ **Place of Birth** Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

✓ **Assigned Social Security Number** Edit

What is your Social Security Number (SSN)?: **111-11-1111**

✓ **Name** Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**

Authenticated U.S. Replacement Self Hybrid – Review, Edit, and Attestation - continued

✔ Documentation

Edit

Identity Documentation: **U.S. passport**

What is your U.S. passport number?: **56465465456**

What is the issue date?: **January 1, 2025**

What is the expiration date?: **January 1, 2035**

Name Change Documentation: **Court order for a name change**

What is the event date?: **January 16, 2025**

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

What was your former name?: **INGRAM FOSTER**

What is your new name?: **PHUONG VELSINKY**

Authenticated U.S. Replacement Self Hybrid – Review, Edit, and Attestation – Continued

✔ Race and Ethnicity

[Edit](#)

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

What is your race? (Select one or more): **White**

✔ Documentation

[Edit](#)

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

What is your driver's license number?: **A2325D**

In which state or territory was your driver's license issued?: **Alaska**

What is the issue date?: **August 14, 2020**

What is the expiration date?: **November 14, 2027**

Name Change Documentation: **Marriage document/U.S.**

State File Number: **23233223**

Date of Marriage: **August 14, 2020**

City of Marriage: **Not Answered**

County/Borough of Marriage: **Not Answered**

Date of Recordation: **November 18, 2020**

Date Document Issued: **November 18, 2020**

State/Territory of Marriage: **Alaska**

Name and Title of Official Executing Document: **Not Answered**

Name of Issuing Agency/Custodian of Record: **Not Answered**

Record ID Number: **Not Answered**

Full Name before Marriage: **Jane Smith**

Spouse's Name before Marriage: **John Doe**

New Last Name Option you have selected: **Spouse's Last Name**

What is the issue date?: **November 18, 2020**

Authenticated U.S. Replacement Self Hybrid – Review, Edit, and Attestation – Continued

*When the attestation box is checked, a “Next” button will appear.

✓ Race and Ethnicity

Edit

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

What is your race? (Select one or more): **White**

✓ Documentation

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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.

Next

Previous

Exit

OMB No. 0960-0066

 SSA.gov
An official website of the Social Security Administration. Produced and published at taxpayer expense.

[Accessibility support](#)
[Civil Rights/Compliance](#)

[FOIA requests](#)
[Office of the Chief Actuary](#)


[Office of the Inspector General](#)

[Performance reports](#)

[Privacy policy](#)

Authenticated U.S. Replacement Self Hybrid – Success

*Success – User is directed to schedule an in-office appointment via ESS

**Important: Your social security card request is not complete!**

You **must** select the “Schedule My Appointment” button below to schedule your in-office appointment to finalize your application. You must present your documents within 45 calendar days, or you will need to reapply.


The Online Control Number for this application is 0215178061925. Write it down or print this screen for your records.

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)



Print

Schedule My Appointment

Prepare For your Appointment

- Gather all the documents listed above and bring them with you to your appointment.
- If you require help, you may bring someone to assist you with your appointment.
- If you are applying for an original social security card for an individual age 12 or older, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.

Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - Landing



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen – Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.

Next

Exit

OMB No. 0960-0066

Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, and 60-0373, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs. The Act also allows us to collect race and ethnicity information, which we will use for research and statistical purposes. Furnishing us this information is voluntary and will not be used in decisions about your application.

Next

Exit

OMB No. 0960-0066

Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - Age 13 or Older

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.


***You must be 13 or older to fill out this application. Are you 13 or older?**

☒ Yes ☐ No

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Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - U.S. Mailing Address Available



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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
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Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - Have an SSN

 An official website of the United States government [Here's how you know](#) ▼

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

☒ Yes ☐ No ☐ Don't Know

***Do you know the SSN?**


☐ Yes ☐ No

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Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - Applying For



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*Who are you applying for?



Yourself



Someone else

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Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - Authentication

Sign In or Create an Account

If you already have a Login.gov or ID.me account, do not create a new one. You can use your existing account to access Social Security services.

Sign in with  LOGIN.GOV

Sign in with  ID.me

 The Social Security username sign-in option is no longer available.

 [Create an account with Login.gov](#)

 [Create an account with ID.me](#)


 [Sign in Help and Support](#)

[Sign in with FIS Simulator](#)

[External Site Disclaimer](#)

Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - SSN

*User enters SSN

 Social Security Sign Out

Online Social Security Number Application


A red asterisk (*) indicates a required field.

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

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Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - Prefilled Date of Birth

 Social Security

Sign Out

Online Social Security Number Application


A red asterisk (*) indicates a required field.

What is your date of birth?

*Month	*Day	*Year
<input type="text" value="01 - January"/>	<input type="text" value="1"/>	<input type="text" value="2000"/>

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Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - Prefilled Place of Birth



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.



If you update your place of birth, you may be required to visit your local Social Security office or card center and present original documents as evidence.

Where is your place of birth?

U.S.

International

*City/Town

WOODLAWN

*State

Maryland

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OMB No. 0960-0066

Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - Citizenship



Online Social Security Number Application

A red asterisk (*) indicates a required field.

***Are you a U.S. Citizen?**

<input checked="checked" type="radio"/> Yes	<input type="radio"/> No
---	--------------------------

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Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - Prefilled Name

 Social Security Sign Out

Online Social Security Number Application

A red asterisk (*) indicates a required field.

 **Your Current Name**

JOHN, , DOE, JR

◦ Your Name is displayed above as First Name, Middle Name, Last Name followed by Suffix

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

☐ Yes ☒ No

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Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - U.S. Mailing Address

*User will provide information.

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*ZIP Code

--

▼

What is your daytime phone number?
10-digit Number


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Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - Race and Ethnicity

*User will provide information.

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

 **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.

[Show Race and Ethnicity Definitions](#)

Are you Hispanic or Latino? (Select one):


☐ Yes
☐ No

What is your race? (Select one or more):

☐ Alaska Native
☐ American Indian
☐ Asian
☐ Black/African American
☐ Native Hawaiian
☐ Other Pacific Islander
☐ White

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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](#)

<u>Answer</u> ▼	<u>Definition</u>
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.

Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen – Documentation

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



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.



What you need to know about documentation

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

*Evidence Documentation for you

Please bring in one of the following evidence documentation during the visit.

- U.S. Birth Certificate
- Certificate of Naturalization (N-550/N-570)
- U.S. Passport/Passport Card
- Certificate of Citizenship (N-560/N-561)
- Other Proof of Citizenship Documentation

Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen – Identity Documentation – Continued

*** Identity Documentation**

Please select one document from the list

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

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

X001001001001

***In which state or territory was your driver's license issued?**

Alabama ▼

What is the issue date?

Month

-- ▼

Day

-- ▼

Year

What is the expiration date?

Month


-- ▼

Day

-- ▼

Year


Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - Review, Edit, and Attestation

 **Social Security** Sign Out

Online Social Security Number Application


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.

 **Date of Birth**


Edit

What is your date of birth?: **May 6, 1988**

 **Place of Birth**


Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

 **Assigned Social Security Number**


Edit

What is your Social Security Number (SSN)?: **111-11-1111**

 **Name**


Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**

Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - Review, Edit, and Attestation – Continued


*When the attestation box is checked, a “Next” button will appear.

 **Race and Ethnicity**

Edit

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

What is your race? (Select one or more): **White**

 **Documentation**

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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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Authenticated U.S. Replacement Self Hybrid – Alleged U.S. Citizen - Success

*Success – User is directed to schedule an in-office appointment via ESS

**Important: Your social security card request is not complete!**

You **must** select the "Schedule My Appointment" button below to schedule your in-office appointment to finalize your application. You must present your documents within 45 calendar days, or you will need to reapply.




*The **Online Control Number** for this application is **0215178061925**. Write it down or print this screen for your records.*

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)



Prepare For your Appointment

- Gather all the documents listed above and bring them with you to your appointment.
- If you require help, you may bring someone to assist you with your appointment.
- If you are applying for an original social security card for an individual age 12 or older, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.

Authenticated Non-U.S. Replacement Self Hybrid – Landing



Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Authenticated Non-U.S. Replacement Self Hybrid – Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.



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Authenticated Non-U.S. Replacement Self Hybrid - Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, 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.

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Authenticated Non-U.S. Replacement Self Hybrid - Age 13 or Older

 Social Security


Online Social Security Number Application

A red asterisk (*) indicates a required field.

***You must be 13 or older to fill out this application. Are you 13 or older?**

☒ Yes ☐ No

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Authenticated Non-U.S. Replacement Self Hybrid - U.S. Mailing Address Available



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Authenticated Non-U.S. Replacement Self Hybrid - Applying For



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*Who are you applying for?



Yourself



Someone else

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Authenticated Non-U.S. Replacement Self Hybrid - Authentication

Sign In or Create an Account

If you already have a Login.gov or ID.me account, do not create a new one. You can use your existing account to access Social Security services.

Sign in with  LOGIN.GOV

Sign in with ID.me

 The Social Security username sign-in option is no longer available.

 [Create an account with Login.gov](#)

 [Create an account with ID.me](#)


 [Sign in Help and Support](#)

[Sign in with FIS Simulator](#)

[External Site Disclaimer](#)

Authenticated Non-U.S. Replacement Self Hybrid – SSN

*User enters SSN

 Social Security Sign Out

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

123-45-6789


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Authenticated Non-U.S. Replacement Self Hybrid – Prefilled Date of Birth

 Social Security

Sign Out

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is your date of birth?

*Month	*Day	*Year
01 - January	1	2000

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Authenticated Non-U.S. Replacement Self Hybrid – Prefilled Place of Birth



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.



If you update your place of birth, you may be required to visit your local Social Security office or card center and present original documents as evidence.

Where is your place of birth?

U.S.

International

*City/Town

WOODLAWN

*State

Maryland

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Authenticated Non-U.S. Replacement Self Hybrid - Citizenship



Social Security

[Sign Out](#)

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***Are you a U.S. Citizen?**



Yes



No

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Authenticated Non-U.S. Replacement Self Hybrid – Prefilled Name

 Social Security Sign Out

Online Social Security Number Application

A red asterisk (*) indicates a required field.

 **Your Current Name**

JOHN, , DOE, JR

◦ Your Name is displayed above as First Name, Middle Name, Last Name followed by Suffix

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

☐ Yes ☒ No

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Authenticated Non-U.S. Replacement Self Hybrid - U.S. Mailing Address

*User will provide information.

 **Social Security**

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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 *ZIP Code

--

What is your daytime phone number?
10-digit Number


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Authenticated Non-U.S. Replacement Self Hybrid – Race and Ethnicity

*User will provide information.



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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.

 Show Race and Ethnicity Definitions

Are you Hispanic or Latino? (Select one):

☐ Yes

☐ No

What is your race? (Select one or more):

☐ Alaska Native

☐ American Indian

☐ Asian

☐ Black/African American

☐ Native Hawaiian

☐ Other Pacific Islander

☐ White

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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.

Authenticated Non-U.S. Replacement Self Hybrid – Documentation for Non-U.S. Citizen

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.



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

***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"/>	Other

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Authenticated Non-U.S. Replacement Self Hybrid – Review, Edit, and Attestation

 **Social Security** Sign Out

Online Social Security Number Application

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.

✔ **Date of Birth**

Edit

What is your date of birth?: **May 6, 1988**

✔ **Place of Birth**

Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

✔ **Assigned Social Security Number**

Edit

What is your Social Security Number (SSN)?: **111-11-1111**

✔ **Name**

Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**

Authenticated Non-U.S. Replacement Self Hybrid – Review, Edit, and Attestation – Continued

✓ Race and Ethnicity

Edit

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

What is your race? (Select one or more): **White**

✓ Documentation

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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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Authenticated Non-U.S. Replacement Self Hybrid – Success

*Success – User is directed to schedule an in-office appointment via ESS

**Important: Your social security card request is not complete!**

You **must** select the “Schedule My Appointment” button below to schedule your in-office appointment to finalize your application. You must present your documents within 45 calendar days, or you will need to reapply.


*The **Online Control Number** for this application is **0215178061925**. Write it down or print this screen for your records.*

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)



Print

Schedule My Appointment

Prepare For your Appointment

- Gather all the documents listed above and bring them with you to your appointment.
- If you require help, you may bring someone to assist you with your appointment.
- If you are applying for an original social security card for an individual age 12 or older, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.

Unauthenticated Paths

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Unauthenticated U.S. Original Self – Landing



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Unauthenticated U.S. Original Self – Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.

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Unauthenticated U.S. Original Self - Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, 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.

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Unauthenticated U.S. Original Self - Age 13 or Older

 Social Security


Online Social Security Number Application

A red asterisk (*) indicates a required field.

***You must be 13 or older to fill out this application. Are you 13 or older?**

☒ Yes ☐ No

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Unauthenticated U.S. Original Self - U.S. Mailing Address Available



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*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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Unauthenticated U.S. Original Self - Have an SSN

 An official website of the United States government [Here's how you know](#) ▼

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

☒ Yes ☐ No ☐ Don't Know

***Do you know the SSN?**


☐ Yes ☐ No

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Unauthenticated U.S. Original Self - Applying For



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*Who are you applying for?

☐ Yourself

☐ Someone else

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Unauthenticated U.S. Original Self - Date of Birth



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is your date of birth?

*Month

*Day

*Year

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Design Specifications Document – OSSNAP Screen Package

Unauthenticated U.S. Original Self – Sex



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*What is your sex?

☐

Male

☐

Female

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Unauthenticated U.S. Original Self - Place of Birth



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

Where is your place of birth?

U.S.

International

*City/Town

*State

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Unauthenticated U.S. Original Self - Citizenship



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

☐ Yes

☐ No

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Unauthenticated U.S. Original Self - Name



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

How should your name appear on the card?

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

*Is the name you entered your full birth name?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

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

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

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Unauthenticated 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

Online Social Security Number Application

A red asterisk (*) indicates a required field.

How should your name appear on the card?

*First Middle *Last Suffix

-- ▾

*Is the name you entered your full birth name?

☐ Yes ☒ No

What was your full 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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Unauthenticated U.S. Original Self - Parents Names



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*What is your parent/mother's birth name?

☐ Unknown

*First	Middle	*Last	Suffix
<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"/>	-- ▾

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Unauthenticated U.S. Original Self - U.S. Mailing Address



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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	*ZIP Code
<input type="text"/>	<input type="text" value="--"/>	<input type="text"/>

What is your daytime phone number?

10-digit Number

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Unauthenticated U.S. Original Self – Race and Ethnicity

Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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.

Show Race and Ethnicity Definitions

Are you Hispanic or Latino? (Select one):

☐ Yes

☐ No

What is your race? (Select one or more):

☐ Alaska Native

☐ American Indian

☐ Asian

☐ Black/African American

☐ Native Hawaiian

☐ Other Pacific Islander

☐ White

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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.

Design Specifications Document – OSSNAP Screen Package

What is your race? (Select one or more)


[^ Race Definitions](#)

<u>Answer</u> ▼	<u>Definition</u>
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.



Online Social Security Number Application

A red asterisk (*) indicates a required field.

 **What you need to know about documentation**

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

*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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Online Social Security Number Application

A red asterisk (*) indicates a required field.

What you need to know about documentation

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

*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.

*Which State issued this document?

*What is the Certificate Number?

You may see this labeled as *State File Number* or *Birth 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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Online Social Security Number Application

A red asterisk (*) indicates a required field.



What you need to know about documentation

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

*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.

*Other Proof of Age Options

☐ U.S. Hospital Record of Birth

☐ Consular Report of Birth Abroad (FS-240)

☐ Certificate of Birth Abroad (FS-545)

☐ Certificate of Report of Birth (DS-1350)

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Design Specifications Document – OSSNAP Screen Package

Social Security Number Documentation

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

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

*Which State issued this document?

--	▼
----	---

What is the Issue Date?

*Month	*Day	*Year
-- ▼	-- ▼	

What is the Recordation Date?

You may see this labeled as *Filing Date*.

Month	Day	Year
-- ▼	-- ▼	

*What is the Name of the Institution?

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

--

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Design Specifications Document – OSSNAP Screen Package

Social Security Number Documentation

*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 checked="" type="radio"/> Consular Report of Birth Abroad (FS-240)
<input type="radio"/> Certificate of Birth Abroad (FS-545)
<input type="radio"/> Certificate 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
-- ▼	-- ▼	

What is the Recordation Date?

You may see this labeled as *Filing Date*.

Month	Day	Year
-- ▼	-- ▼	

What is the Document Number?

--

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Design Specifications Document – OSSNAP Screen Package

Social Security Number Documentation

*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 checked="" type="radio"/> Certificate of Birth Abroad (FS-545) |
| <input type="radio"/> Certificate of Report of Birth (DS-1350) |

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

*Which Country issued this document?

--

What is the Issue Date?

Month	Day	Year
--	--	

What is the Recordation Date?

You may see this labeled as *Filing Date*.

Month	Day	Year
--	--	

What is the Document Number?

You may see this labeled as *Certificate Number*.

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Design Specifications Document – OSSNAP Screen Package

Social Security Number Documentation

*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"/> Certificate of Birth Abroad (FS-545)
<input checked="" type="radio"/> Certificate of Report of Birth (DS-1350)

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

*Which Country issued this document?

--

What is the Issue Date?

Month	Day	Year
--	--	

What is the Recordation Date?

You may see this labeled as *Filing Date*.

Month	Day	Year
--	--	

What is the Document Number?

You may see this labeled as *Certificate Number*.

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Unauthenticated U.S. Original Self – Citizenship Documentation



Online Social Security Number Application

A red asterisk (*) indicates a required field.

What you need to know about documentation

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

*Proof of Citizenship

Please select one document from the list

<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> U.S. Passport/Passport Card
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> None of the above

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Design Specifications Document – OSSNAP Screen Package

*Proof of Citizenship

Please select one document from the list

<input checked="" type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> U.S. Passport/Passport Card
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> None of the above

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

What is the Issue Date?

*Month	*Day	*Year
-- ▾	-- ▾	

What is the Recordation Date?

You may see this labeled as *Filing Date*.

Month	Day	Year
-- ▾	-- ▾	

*What is the Alien Registration Number?

*What is the Certificate Number?

You may see this labeled as *Document Number*.

Next	Previous	Exit
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Design Specifications Document – OSSNAP Screen Package

*Proof of Citizenship

Please select one document from the list

<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input checked="" type="radio"/> U.S. Passport/Passport Card
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> None of the above

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

What is the Issue Date?

*Month	*Day	*Year
-- ▾	-- ▾	

What is the Expiration Date?

*Month	*Day	*Year
-- ▾	-- ▾	

*What is the Passport Number?

Next	Previous	Exit
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Design Specifications Document – OSSNAP Screen Package

*Proof of Citizenship

Please select one document from the list

<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> U.S. Passport/Passport Card
<input checked="" type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> None of the above

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

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*.

Next	Previous	Exit
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Design Specifications Document – OSSNAP Screen Package

*Proof of Citizenship

Please select one document from the list

<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> U.S. Passport/Passport Card
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input checked="" type="radio"/> None of the above

*Other Proof of Citizenship Options

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

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Design Specifications Document – OSSNAP Screen Package

*Other Proof of Citizenship Options

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

Additional information for your **Machine Readable Immigrant Visa (MRIV)** showing a code of "IR3" or "IH3".

What is the Issue Date?

Month	Day	Year
--	--	

*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
--	--	

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Design Specifications Document – OSSNAP Screen Package

*Other Proof of Citizenship Options

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

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

*What is the Identification Number?

What is the Issue Date?

*Month	*Day	*Year
--	--	

What is the Alien Registration Number?

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Design Specifications Document – OSSNAP Screen Package

*Other Proof of Citizenship Options

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

Additional information for your **American Indian Card (I-872) showing a class code of "KIC"**.

What is the Issue Date?

Month	Day	Year
-- ▾	-- ▾	

What is the Expiration Date?

*Month	*Day	*Year
-- ▾	-- ▾	

*What is the Alien Registration Number?

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Design Specifications Document – OSSNAP Screen Package

*Other Proof of Citizenship Options

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

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

What is the Issue Date?

Month	Day	Year
--	--	

What is the Expiration Date?

*Month	*Day	*Year
--	--	

*What is the Alien Registration Number?

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Design Specifications Document – OSSNAP Screen Package

*Other Proof of Citizenship Options

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

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"/>

What is the name of the Consul?

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Design Specifications Document – OSSNAP Screen Package

*Other Proof of Citizenship Options

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

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

The record must show a U.S. place of birth, and either the date of birth or age of the individual at the time the record was issued.

*Please select the type of Religious Record:

Bris Certificate (U.S.) ▼

Additional information for your **U.S. 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"/>

What is the Issue Date?

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

Design Specifications Document – OSSNAP Screen Package

*Other Proof of Citizenship Options

<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"/> U.S. Religious Record
<input checked="" type="radio"/> Final Adoption Decree showing a U.S. place of birth and the individual'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 individual's name.**

The document must be issued by the court where the adoption occurred, less than one year old from the current date and show, the individual's name and date of birth or the adopting parent(s) name(s).

What is the Issue Date?

*Month *Day *Year

--	--	
----	----	--

*Which State issued this document?

--

What is the Recordation Date?

You may see this labeled as *Filing Date*.

Month Day Year

--	--	
----	----	--

What is the Document Number?

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Design Specifications Document – OSSNAP Screen Package

*Other Proof of Citizenship Options

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

Additional information for your **Early School Record**.

The record must show the individual's U.S. place of birth, date of birth (or age), date of admission to the school, the name(s) and place(s) of birth for the individual's parent(s).

What is the Issue Date?

*Month	*Day	*Year
-- ▾	-- ▾	

What is the Date of Admission?

*Month	*Day	*Year
-- ▾	-- ▾	

*Which State issued this document?

-- ▾

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Design Specifications Document – OSSNAP Screen Package

*Other Proof of Citizenship Options

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

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

The record must show a U.S. place of birth **and** be issued by the U.S. military.

What is the Issue Date?

Month	Day	Year
--	--	

What is the Recordation Date?

You may see this labeled as *Filing Date*.


Month	Day	Year
--	--	

Which Military Branch issued the DD-214?

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Unauthenticated U.S. Original Self – Documentation – Identity

* When a user selects “No” on the Proof of Age documentation screen and then selects “U.S Hospital Record of Birth” as the document option under the “Other Proof of Age Options” dropdown, this identity screen will display shown in the screenshot below.

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.



What you need to know about documentation

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

***Proof of Identity**

Please select one document from the list

☐ U.S. driver's license

☐ State-issued non-driver identification card


☐ None of the above

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Design Specifications Document – OSSNAP Screen Package

*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"/> None of the above

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

The driver's license cannot be in a digital format or one that is suspended, revoked or temporary.

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

--

▼

*What is the Driver's License Number?

What is the Issue Date?

*Month	*Day	*Year
-- ▼	-- ▼	

What is the Expiration Date?

*Month	*Day	*Year
-- ▼	-- ▼	

Design Specifications Document – OSSNAP Screen Package

*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"/> None of the above

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

The identity card cannot be in a digital format or one that is suspended, revoked or temporary.

*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

What is the Expiration Date?

Month

--

Day

--

Year

*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"/> None of the above

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Medicaid Card
<input type="radio"/> Other Proof of Identity Documentation

Design Specifications Document – OSSNAP Screen Package

Additional information for your **Medical Record - Clinic or Hospital**.
The record must show the individual's name and date of birth (or age).

*Is the document from the U.S. or a foreign country?

☒ U.S. ☐ Foreign

*What is the Name of the Institution?

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

*Which State issued this 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**.
The record must show the individual's name and date of birth (or age).

*Is the document from the U.S. or a foreign country?

☐ U.S. ☒ Foreign

*What is the Name of the Institution?

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

*Which Country issued this document?

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 can not 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.

☐ Medical Record - Clinic or Hospital

☒ Medical Record - Physician

☐ Health Insurance Card

☐ School Record

☐ School ID

Design Specifications Document – OSSNAP Screen Package

Additional information for your **Medical Record - Physician**.
The record must show the individual's name and date of birth (or age).

*Is the document from the U.S. or a foreign country?

☒ U.S. ☐ Foreign

*What is the Name of the Institution?

*Which State issued this document?

What is the Issue Date?

*Month *Day *Year

What is the Patient or Chart Number?

Additional information for your **Medical Record - Physician**.
The record must show the individual's name and date of birth (or age).

*Is the document from the U.S. or a foreign country?

☐ U.S. ☒ Foreign

*What is the Name of the Institution?

*Which Country issued this document?

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 can not 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.

☐ Medical Record - Clinic or Hospital
☐ Medical Record - Physician
☒ Health Insurance Card
☐ School Record
☐ School ID

Additional information for your **Health Insurance Card**.
The card must be current and show the individual's name with either a photograph

*What is the Company/Institution Name?

☒ Company ☐ Institution Name

*Company Name

*What is the Health Insurance Card Number?

What is the Issue Date?

Month Day Year

Additional information for your **Health Insurance Card**.
The card must be current and show the individual's name with either a photograph

*What is the Company/Institution Name?

☐ Company ☒ Institution Name

*Institution Name

*What is the Health Insurance Card Number?

What is the Issue Date?

Month Day Year

Design Specifications Document – OSSNAP Screen Package

*Other Proof of Identity Options

If you do not have one of the above identity documents or you can not 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 - Physician
<input type="radio"/> Health Insurance Card
<input checked="" type="radio"/> School Record
<input type="radio"/> School ID

Additional information for your **School Record**.

The record or transcript **must be for current school year** and shows the individual's name and **either** a photograph of the individual or the individual's date of birth.

*Is the document from the U.S. or a foreign country?

<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"/>

What is the Document Number?

*Other Proof of Identity Options

If you do not have one of the above identity documents or you can not 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 - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input checked="" type="radio"/> School ID

Design Specifications Document – OSSNAP Screen Package

Additional information for your **School ID**.

The ID **must be for current school year** and shows the individual's name and **either** a photograph c

*Is the document from the U.S. or a foreign country?

☒ 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**.

The ID **must be for current school year** and shows the individual's name and **either** a photograph

*Is the document from the U.S. or a foreign country?

☐ 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 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.

☐ Medical Record - Clinic or Hospital
☐ Medical Record - Physician
☐ Health Insurance Card
☐ School Record
☐ School ID
☒ Medicaid Card
☐ Other Proof of Identity Documentation

Additional information for your **Medicaid Card**.

The card must be current and show the individual's name with either a photograph, date of birth **or** the parent(s) name(s).

*Which State or Territory issued the Medicaid Card?

-- ▼

*What is the Medicaid Card Number?

What is the Issue Date?


*Month *Day *Year
-- ▼ -- ▼

What is the Expiration Date?

*Month *Day *Year
-- ▼ -- ▼


Unauthenticated U.S. Original Self – Documentation – Identity (Proof of Citizenship skipped)

* When a user selects “Yes/No” on the Proof of Age documentation screen and then selects “Consular Report of Birth Abroad” or “Certification of Birth Abroad” or “Certification of Report of Birth” as the document option under the “Other Proof of Age Options” dropdown, this identity screen will display shown in the screenshot below.

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

 **What you need to know about documentation**

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

*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/Passport Card
<input type="radio"/> None of the above

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Design Specifications Document – OSSNAP Screen Package

*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/Passport Card
<input type="radio"/> None of the above

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

The driver's license cannot be in a digital format or one that is suspended, revoked or temporary.

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

--

▼

*What is the Driver's License Number?

What is the Issue Date?

*Month	*Day	*Year
-- ▼	-- ▼	

What is the Expiration Date?

*Month	*Day	*Year
-- ▼	-- ▼	

Design Specifications Document – OSSNAP Screen Package

*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/Passport Card
<input type="radio"/> None of the above

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

The identity card cannot be in a digital format or one that is suspended, revoked or temporary.

*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"/>

What is the Expiration Date?

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

*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/Passport Card
<input type="radio"/> None of the above

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

*What is the Passport Number?

What is the Issue Date?

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

What is the Expiration Date?

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

Design Specifications Document – OSSNAP Screen Package

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

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

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

☐ Other Proof of Identity Documentation

Additional information for your **Medical Record - Clinic or Hospital**.
The record must show the individual's name and date of birth (or age).

*Is the document from the U.S. or a foreign country?

<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 Hospital, Clinic, etc.

*Which State issued this 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**.
The record must show the individual's name and date of birth (or age).

*Is the document from the U.S. or a foreign country?

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

*What is the Name of the Institution?

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

*Which Country issued this document?

What is the Issue Date?

*Month

*Day

*Year

--	▼	--	▼	
----	---	----	---	--

What is the Document Number?

What is the Patient or Chart Number?

Design Specifications Document – OSSNAP Screen Package

*Other Proof of Identity Options

If you do not have one of the above identity documents or you can not 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 - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)

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

The record must show the individual's name and date of birth (or age).

*Is the document from the U.S. or a foreign country?

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

*What is the Name of the Institution?

*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 Patient or Chart Number?

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

The record must show the individual's name and date of birth (or age).

*Is the document from the U.S. or a foreign country?

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

*What is the Name of the Institution?

*Which Country 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 Patient or Chart Number?

*Other Proof of Identity Options

If you do not have one of the above identity documents or you can not 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 - Physician
<input checked="" type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)

Design Specifications Document – OSSNAP Screen Package

Additional information for your **Health Insurance Card**.

The card must be current and show the individual's name with either a photograph, date of birth or the parent(s) name

*What is the Company/Institution Name?

<input checked="" type="radio"/> Company	<input type="radio"/> Institution Name
--	--

*Company Name

*What is the Health Insurance Card Number?

What is the Issue Date?

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

Additional information for your **Health Insurance Card**.

The card must be current and show the individual's name with either a photograph, date of birth or the parent(s) name

*What is the Company/Institution Name?

<input type="radio"/> Company	<input checked="" type="radio"/> Institution Name
-------------------------------	---

*Institution Name

*What is the Health Insurance Card Number?

What is the Issue Date?

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

*Other Proof of Identity Options

If you do not have one of the above identity documents or you can not 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 - Physician
<input type="radio"/> Health Insurance Card
<input checked="" type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)

Design Specifications Document – OSSNAP Screen Package

Additional information for your **School Record**.

The record or transcript **must be for current school year** and shows the individual's name a

*Is the document from the U.S. or a foreign country?

☒ U.S. ☐ Foreign

*What is the Name of the School?

*Which State issued this document?

-- ▼

What is the Issue Date?

*Month -- ▼ *Day -- ▼ *Year

What is the Document Number?

Additional information for your **School Record**.

The record or transcript **must be for current school year** and shows the individual's name a

*Is the document from the U.S. or a foreign country?

☐ U.S. ☒ Foreign

*What is the Name of the School?

*Which Country issued this 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 can not 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.

☐ Medical Record - Clinic or Hospital
☐ Medical Record - Physician
☐ Health Insurance Card
☐ School Record
☒ School ID
☐ Certificate of Naturalization (N-550/N-570)
☐ Certificate of Citizenship (N-560/N-561)

Design Specifications Document – OSSNAP Screen Package

Additional information for your **School ID**.

The ID **must be for current school year** and shows the individual's name and **either** a photo

*Is the document from the U.S. or a foreign country?

☒ 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**.

The ID **must be for current school year** and shows the individual's name and **either** a photo

*Is the document from the U.S. or a foreign country?

☐ 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 can not 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 - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input checked="" type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)

Design Specifications Document – OSSNAP Screen Package

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

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*.

*Other Proof of Identity Options

If you do not have one of the above identity documents or you can not 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 - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input checked="" type="radio"/> Certificate of Citizenship (N-560/N-561)

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

What is the Issue Date?

*Month *Day *Year

--	▼	--	▼	
----	---	----	---	--

*What is the Certificate Number?

You may see this labeled as *Document Number*.

What is the Alien Registration Number?

Design Specifications Document – OSSNAP Screen Package

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input checked="" type="radio"/> Medicaid Card
<input type="radio"/> Other Proof of Identity Documentation

Additional information for your **Medicaid Card**.

The card must be current and show the individual's name with either a photograph, date of birth or the parent(s) name(s).

Which State or Territory issued the Medicaid Card?

What is the Medicaid Card Number?


What is the Issue Date?

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

What is the Expiration Date?

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


Unauthenticated U.S. Original Self – Review, Edit, and Attestation

 **Social Security** Sign Out

Online Social Security Number Application


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.

 **Date of Birth**


Edit

What is your date of birth?: **May 6, 1988**

 **Place of Birth**


Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

 **Assigned Social Security Number**


Edit

What is your Social Security Number (SSN)?: **111-11-1111**

 **Name**


Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**

Design Specifications Document – OSSNAP Screen Package
Unauthenticated U.S. Original Self – Review, Edit, and Attestation – Continued

✓ Race and Ethnicity

Edit

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

What is your race? (Select one or more): **White**

✓ Documentation

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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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Unauthenticated U.S. Original Self – Review, Edit, and 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.

✓ Race and Ethnicity

Edit

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

What is your race? (Select one or more): **White**

✓ Documentation

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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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Unauthenticated U.S. Original Self - Success

*Success – ESS.

**Important: Your social security card request is not complete!**

You **must** select the “Schedule My Appointment” button below to schedule your in-office appointment to finalize your application. You must present your documents within 45 calendar days, or you will need to reapply.

Note: You will be required to log in or create a login.gov account to use the online appointment system.




The **Online Control Number** for this application is **0215178061925**. Write it down or print this screen for your records.

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)



Prepare For your Appointment

- Gather all the documents listed above and bring them with you to your appointment.
- If you require help, you may bring someone to assist you with your appointment.
- If you are applying for an original social security card for an individual age 12 or older, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.

Unauthenticated U.S. Original Self - Success – Banned

Important: Your Social Security card request is not complete!

You **must mail** all the original documents listed below along with the Online Control Number to a [local Social Security office or card center](#) within 45 calendar days or you will need to submit another application.

The **Online Control Number** for this application is **O251900062137**. Write this number down or print this screen for your records. Include the Online Control Number with your mailed document(s).

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)

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

Print

Done

Unauthenticated U.S. Original Someone Else Adult - Landing



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Unauthenticated U.S. Original Someone Else Adult- Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.

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Unauthenticated U.S. Original Someone Else Adult- Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, 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.

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Unauthenticated U.S. Original Someone Else Adult - Age 13 or Older

 Social Security

Online Social Security Number Application


A red asterisk (*) indicates a required field.

*You must be 13 or older to fill out this application. Are you 13 or older?

☒ Yes ☐ No

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Unauthenticated U.S. Original Someone Else Adult - U.S. Mailing Address Available

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Unauthenticated U.S. Original Someone Else Adult - Have an SSN

 An official website of the United States government [Here's how you know](#) ▼

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

☒ Yes ☐ No ☐ Don't Know

***Do you know the SSN?**


☐ Yes ☐ No

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Online Social Security Number Application

A red asterisk (*) indicates a required field.

*Who are you applying for?

☐ Yourself

☒ Someone else

!

When to Apply for Someone Else:

Only select "Someone Else" if:

- The person is under 18 and you have legal custody, or
- They cannot apply due to physical or mental limitations (proof required).

Who Can Apply:

- Parent or stepparent with custody
- Court-appointed guardian
- Relative with custody or responsibility
- State or licensed agency with legal custody
- Anyone who can show they have a relationship and responsibility if no one listed above is available

Important:


- If the person can apply on their own, they must do so.
 - If someone is helping you with your application, select "self."
 - Anyone age 12 or older applying for a new Social Security number must go in person for an interview after completing this application.

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Unauthenticated U.S. Original Someone Else Adult - Applying For Someone Else Name



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

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

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Unauthenticated U.S. Original Someone Else Adult – Individual's Date of Birth



Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is the individual's date of birth?

*Month *Day *Year

-- --

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Design Specifications Document – OSSNAP Screen Package

Unauthenticated U.S. Original Someone Else Adult - Relationship Adult

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*What is YOUR relationship to the individual?

☐ Court Appointed Legal Guardian

☐ Administrator of Estate

☐ State Agency or State Licensed Agency with Legal Custody

☐ Individual who can Establish Relationship and Responsibility


☐ None of the Above

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Unauthenticated 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

Online Social Security Number Application

A red asterisk (*) indicates a required field.


*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. [Please schedule an appointment](#) with a local field office or card center.

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Unauthenticated U.S. Original Someone Else Adult - Individual Capabilities

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Unauthenticated U.S. Original Someone Else Adult - Individual Capabilities – Yes

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


 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*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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Unauthenticated U.S. Original Someone Else Adult - Individual's Sex

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*What is the individual's sex?


☐ Male ☐ Female

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

Where is the individual's place of birth?

U.S. International

*City/Town

*State


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Unauthenticated U.S. Original Someone Else Adult – Individual’s Citizenship



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

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

*Is the name you entered the individual's full birth name?


☐ Yes ☐ No

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

☐ Yes ☐ No

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



Online Social Security Number Application

A red asterisk (*) indicates a required field.

*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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Design Specifications Document – OSSNAP Screen Package

Unauthenticated U.S. Original Someone Else Adult - U.S. Mailing Address

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

--

*ZIP Code

What is your daytime phone number?
10-digit Number


() -

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

 **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.

[Show Race and Ethnicity Definitions](#)

Is the individual Hispanic or Latino? (Select one):

☐ Yes

☐ No

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

☐ Alaska Native

☐ American Indian

☐ Asian

☐ Black/African American

☐ Native Hawaiian

☐ Other Pacific Islander


☐ White

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Unauthenticated U.S. Original Someone Else – Adult – Documentation - Proof of Identity

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

***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

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

***In which state or territory was your driver's license issued?**

--

What is the issue date?

Month

Day

Year

--

--

What is the expiration date?

Month

Day

Year

--

--

***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)

Unauthenticated U.S. Original Someone Else – Adult – Documentation - Proof of Age for Individual

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

Design Specifications Document – OSSNAP Screen Package

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What you need to know about documentation

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

*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 the individual's 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 *State File Number* or *Birth 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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Unauthenticated U.S. Original Someone Else – Adult – Documentation - Proof of Citizenship for Individual

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

1

What you need to know about documentation

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

***Proof of Citizenship for the individual**

Please select one document from the list

☐

Certificate of Naturalization (N-550/N-570)

☒

U.S. Passport/Passport Card

☐

Certificate of Citizenship (N-560/N-561)

☐

None of the above

Additional information for the individual's U.S. Passport/Passport Card.

What is the Issue Date?

Month

Day

Year

--

--

What is the Expiration Date?

Month

Day

Year

--

--


***What is the Passport Number?**

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Unauthenticated U.S. Original Someone Else – Adult – Documentation - Proof of Identity for Individual

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

1

What you need to know about documentation

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

***Proof of identity for the individual**

Please select one document from the list

☒ U.S. driver's license

☐ State-issued non-driver identification card

☐ None of the above

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

The driver's license cannot be in a digital format or one that is suspended, revoked or temporary.

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

...

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

What is the Issue Date?

Months

...

Day

--

Year

What is the Expiration Date?

Months

...

Day

--


Year

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Unauthenticated U.S. Original Someone Else – Adult – Documentation - Proof of Identity for Individual (Proof of Citizenship skipped)

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

 What you need to know about documentation

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

***Proof of identity for the individual**
Please select one document from the list

☐ U.S. driver's license

☐ State-issued non-driver identification card

☒ U.S. Passport/Passport Card

☐ None of the above

Additional information for the individual's U.S. Passport/Passport Card

***What is the Passport Number?**

What is the Issue Date?

*Month

...

▼

*Day

...

▼

*Year

What is the Expiration Date?

*Month

...

▼

*Day

...

▼


*Year

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Unauthenticated U.S. Original Someone Else Adult – Review, Edit, and Attestation

 **Social Security** Sign Out

Online Social Security Number Application

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.

✓ **Date of Birth** Edit

What is your date of birth?: **May 6, 1988**

✓ **Place of Birth** Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

✓ **Assigned Social Security Number** Edit

What is your Social Security Number (SSN)?: **111-11-1111**

✓ **Name** Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**

*When the user checks the attestation box, a “Next” button will appear.

✓ Race and Ethnicity

Edit

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

What is your race? (Select one or more): **White**

✓ Documentation

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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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Unauthenticated U.S. Original Someone Else Adult - Success

*Success – ESS.

**Important: Your social security card request is not complete!**

You **must** select the “Schedule My Appointment” button below to schedule your in-office appointment to finalize your application. You must present your documents within 45 calendar days, or you will need to reapply.

Note: You will be required to log in or create a login.gov account to use the online appointment system.




The Online Control Number for this application is 0215178061925. Write it down or print this screen for your records.

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)



Prepare For your Appointment

- Gather all the documents listed above and bring them with you to your appointment.
- If you require help, you may bring someone to assist you with your appointment.
- If you are applying for an original social security card for an individual age 12 or older, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.

Unauthenticated U.S. Original Someone Else Child – Landing



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Unauthenticated U.S. Original Someone Else Child – Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.

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Unauthenticated U.S. Original Someone Else Child – Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, 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.

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Unauthenticated U.S. Original Someone Else Child - Age 13 or Older

 Social Security

Online Social Security Number Application


A red asterisk (*) indicates a required field.

*You must be 13 or older to fill out this application. Are you 13 or older?

☒ Yes ☐ No

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Unauthenticated U.S. Original Someone Else Child - U.S. Mailing Address Available

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Unauthenticated U.S. Original Someone Else Child - Have an SSN

 An official website of the United States government [Here's how you know](#) ▼

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

☒ Yes ☐ No ☐ Don't Know

***Do you know the SSN?**


☐ Yes ☐ No

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Unauthenticated U.S. Original Someone Else Child - Applying For Someone Else



Online Social Security Number Application

A red asterisk (*) indicates a required field.

*Who are you applying for?

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



When to Apply for Someone Else:

Only select "Someone Else" if:

- The person is under 18 and you have legal custody, or
- They cannot apply due to physical or mental limitations (proof required).

Who Can Apply:

- Parent or stepparent with custody
- Court-appointed guardian
- Relative with custody or responsibility
- State or licensed agency with legal custody
- Anyone who can show they have a relationship and responsibility if no one listed above is available

Important:


- If the person can apply on their own, they must do so.
 - If someone is helping you with your application, select "self."
 - Anyone age 12 or older applying for a new Social Security number must go in person for an interview after completing this application.

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Unauthenticated U.S. Original Someone Else Child - Applying for Someone Else Name

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*First

Middle

*Last

Suffix

-- ▾

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Unauthenticated U.S. Original Someone Else Child – Individual's Date of Birth

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is the individual's date of birth?

*Month

*Day

*Year

--

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Unauthenticated U.S. Original Someone Else Child - Relationship Child



Online Social Security Number Application

A red asterisk (*) indicates a required field.

*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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Unauthenticated U.S. Original Someone Else Child - Individual's Sex



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*What is the individual's sex?

☐

Male

☐

Female

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

Where is the individual's place of birth?

U.S. International

*City/Town

*State


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Unauthenticated U.S. Original Someone Else Child - Citizenship

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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


☐ Yes ☐ No

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



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

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

*Is the name you entered the individual's full birth name?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

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

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Unauthenticated U.S. Original Someone Else Child - U.S. Mailing Address

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

--

*ZIP Code

What is your daytime phone number?
10-digit Number


() -

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



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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.

▼ Show Race and Ethnicity Definitions

Is the individual Hispanic or Latino? (Select one):

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

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

<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

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

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*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 child in your household

☐ School records indicating that you have responsibility for the child


☐ Rental agreement listing the child in your household

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

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.



What you need to know about documentation

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

*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 the individual's Birth Certificate issued before the age of 5.

☐


No, I will provide other documentation.

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


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

 Social Security



Online Social Security Number Application

A red asterisk (*) indicates a required field.

 **What you need to know about documentation**

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

*Proof of Citizenship for the individual

Please select one document from the list


<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> U.S. Passport/Passport Card
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> None of the above

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Unauthenticated U.S. Original Someone Else Child – Proof of Identity for Child 5 and under


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

 Social Security



Online Social Security Number Application

A red asterisk (*) indicates a required field.

 **What you need to know about documentation**

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

***Proof of Identity for the individual**
Please select one document from the list

☐ State-issued non-driver identification card

☒ None of the above

***Other Proof of Identity Options**
If you do not have one of the above identity documents or you can not 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.

☐ Medical Record - Clinic or Hospital

☐ Medical Record - Physician

☐ Medical Record - Immunization

☐ Health Insurance Card

☐ School Record

☐ Medicaid Card


☐ Other Proof of Identity Documentation

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Unauthenticated U.S. Original Someone Else Child – Proof of Identity for Child 5 and under (Proof of Citizenship skipped)

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

i

What you need to know about documentation

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

***Proof of Identity for the individual**

Please select one document from the list

☐ State-issued non-driver identification card

☐ U.S. Passport/Passport Card

☒ None of the above

***Other Proof of Identity Options**

If you do not have one of the above identity documents or you can not 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.

☐ Medical Record - Clinic or Hospital

☐ Medical Record - Physician

☐ Medical Record - Immunization

☐ Health Insurance Card

☐ School Record

☐ Certificate of Naturalization (N-550/N-570)

☐ Certificate of Citizenship (N-560/N-561)

☐ Medicaid Card


☐ Other Proof of Identity Documentation

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Unauthenticated U.S. Original Someone Else Child – Proof of Identity for Child between the age 6 and 17

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.



What you need to know about documentation

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

***Proof of Identity for the individual**

Please select one document from the list

☐ U.S. driver's license

☐ State-issued non-driver identification card

☒ None of the above

***Other Proof of Identity Options**

If you do not have one of the above identity documents or you can not 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.

☐ Medical Record - Clinic or Hospital

☐ Medical Record - Physician

☐ Health Insurance Card

☐ School Record

☐ School ID

☐ Medicaid Card


☐ Other Proof of Identity Documentation

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Unauthenticated U.S. Original Someone Else Child – Proof of Identity for Child between the age 6 and 17 (Proof of Citizenship skipped)

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.



What you need to know about documentation

- You must provide original documents or copies that have been certified by the agency that issued them, showing the official signature, stamp or seal of office.
- We cannot accept digital or electronic forms of evidence.
- 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

***Proof of Identity for the individual**

Please select one document from the list

☐

U.S. driver's license

☐

State-issued non-driver identification card

☐

U.S. Passport/Passport Card

☒

None of the above

***Other Proof of Identity Options**

If you do not have one of the above identity documents or you can not 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.

☐

Medical Record - Clinic or Hospital

☐

Medical Record - Physician

☐

Health Insurance Card

☐

School Record

☐

School ID

☐

Certificate of Naturalization (N-550/N-570)

☐

Certificate of Citizenship (N-560/N-561)

☐

Medicaid Card

☐


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Unauthenticated U.S. Original Someone Else Child – Review, Edit, and Attestation

 **Social Security** Sign Out

Online Social Security Number Application

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.

✓ **Date of Birth** Edit

What is your date of birth?: **May 6, 1988**

✓ **Place of Birth** Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

✓ **Assigned Social Security Number** Edit

What is your Social Security Number (SSN)?: **111-11-1111**

✓ **Name** Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**

*When the user checks the attestation box, a “Next” button appears.

✓ Race and Ethnicity

Edit

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

What is your race? (Select one or more): **White**

✓ Documentation

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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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Unauthenticated U.S. Original Someone Else Child - Success

*Success – ESS.

**Important: Your social security card request is not complete!**

You **must** select the “Schedule My Appointment” button below to schedule your in-office appointment to finalize your application. You must present your documents within 45 calendar days, or you will need to reapply.

Note: You will be required to log in or create a login.gov account to use the online appointment system.




The **Online Control Number** for this application is **0215178061925**. Write it down or print this screen for your records.

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)



Prepare For your Appointment

- Gather all the documents listed above and bring them with you to your appointment.
- If you require help, you may bring someone to assist you with your appointment.
- If you are applying for an original social security card for an individual age 12 or older, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.

Unauthenticated U.S. Replacement Self - Landing



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Unauthenticated U.S. Replacement Self – Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.



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Unauthenticated U.S. Replacement Self – Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, 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.

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Unauthenticated U.S. Replacement Self - Age 13 or Older

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.


***You must be 13 or older to fill out this application. Are you 13 or older?**

☒ Yes ☐ No

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Unauthenticated U.S. Replacement Self - U.S. Mailing Address Available

 An official website of the United States government [Here's how you know](#) ▼

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Unauthenticated U.S. Replacement Self - Have an SSN

 An official website of the United States government [Here's how you know](#) ▼

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

☒ Yes ☐ No ☐ Don't Know

***Do you know the SSN?**


☐ Yes ☐ No

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Unauthenticated U.S. Replacement Self - Applying For



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*Who are you applying for?

☐

Yourself

☐

Someone else

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Unauthenticated U.S. Replacement Self - SSN



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*What is your Social Security Number (SSN)?

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Unauthenticated U.S. Replacement Self - Date of Birth

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is your date of birth?

*Month *Day *Year


-- --

*Are you changing your date of birth?

☐ Yes ☐ No


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Unauthenticated U.S. Replacement Self - Place of Birth

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

Where is your place of birth?

U.S.

International

*City/Town

*State

--

*Are you changing your place of birth?

☐ Yes


☐ No

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Unauthenticated U.S. Replacement Self – Citizenship



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***Do you need to update your U.S. Citizenship or lawful presence status in our records?**

☐ Yes

☐ No

***Are you a U.S. Citizen?**

☐ Yes

☐ No

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Unauthenticated U.S. Replacement Self – Name

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

How should your name appear on the new card?

*First

Middle

*Last

Suffix

-- ▾

*Is the name you entered your full birth name?

☐ Yes ☒ No

What was your full name at birth?

*First

Middle

*Last

Suffix

-- ▾

*Have you ever had a Social Security Number (SSN) card under a name 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

-- ▾

*Are you requesting a name change?


☐ Yes ☐ No

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Unauthenticated U.S. Replacement Self - Parents Names



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***What is your parent/mother's birth name?**

☐ Unknown

*First	Middle	*Last	Suffix
<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"/>	-- ▾

***Are you changing your one or both of your parent's names?**

☐ Yes ☐ No

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Unauthenticated U.S. Replacement Self - U.S. Mailing Address

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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 *ZIP Code

What is your daytime phone number?
10-digit Number

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Unauthenticated U.S. Replacement Self - U.S. Documentation



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.



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

*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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Design Specifications Document – OSSNAP Screen Package

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

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

Design Specifications Document – OSSNAP Screen Package

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input checked="" type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

Additional information for your **Medical Record - Clinic or Hospital**.
The record must show the individual's name and date of birth (or age).

*Is the document from the U.S. or a foreign country?

☒ U.S. ☐ Foreign

*What is the Name of the Institution?

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

*Which State issued this 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**.
The record must show the individual's name and date of birth (or age).

*Is the document from the U.S. or a foreign country?

☐ U.S. ☒ Foreign

*What is the Name of the Institution?

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

*Which Country issued this document?

--

What is the Issue Date?

*Month *Day *Year

What is the Document Number?

What is the Patient or Chart Number?

Design Specifications Document – OSSNAP Screen Package

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input checked="" type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

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

The record must show the individual's name and date of birth (or age).

*Is the document from the U.S. or a foreign country?

☒ U.S. ☐ Foreign

*What is the Name of the Institution?

*Which State issued this document?

--

What is the Issue Date?

*Month *Day *Year

What is the Patient or Chart Number?

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

The record must show the individual's name and date of birth (or age).

*Is the document from the U.S. or a foreign country?

☐ U.S. ☒ Foreign

*What is the Name of the Institution?

*Which Country issued this document?

--

What is the Issue Date?

*Month *Day *Year

What is the Patient or Chart Number?

Design Specifications Document – OSSNAP Screen Package

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input checked="" type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

Additional information for your **Health Insurance Card**.

The card must be current and show the individual's name with either a photograph, date of birth or the parent(s) name(s).

*What is the Company/Institution Name?

<input checked="" type="radio"/> Company	<input type="radio"/> Institution Name
--	--

*Company Name

*What is the Health Insurance Card Number?

What is the Issue Date?

Month	Day	Year
--	--	

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input checked="" type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

Additional information for your **School Record**.

The record or transcript must be for current school year and shows the individual's name and either a photograph of the individual or the individual's date of birth.

*Is the document from the U.S. or a foreign country?

<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
--	--	

What is the Document Number?

Additional information for your **Health Insurance Card**.

The card must be current and show the individual's name with either a photograph, date of birth or the parent(s) name(s).

*What is the Company/Institution Name?

<input type="radio"/> Company	<input checked="" type="radio"/> Institution Name
-------------------------------	---

*Institution Name

*What is the Health Insurance Card Number?

What is the Issue Date?

Month	Day	Year
--	--	

Additional information for your **School Record**.

The record or transcript must be for current school year and shows the individual's name and either a photograph of the individual or the individual's date of birth.

*Is the document from the U.S. or a foreign country?

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

*What is the Name of the School?

*Which Country issued this document?

What is the Issue Date?

Month	Day	Year
--	--	

What is the Document Number?

Design Specifications Document – OSSNAP Screen Package

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input checked="" type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

Additional information for your **School ID**.

The ID **must be for current school year** and shows the individual's name and **either** a photograph of t

*Is the document from the U.S. or a foreign country?

☒ 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**.

The ID **must be for current school year** and shows the individual's name and **either** a photograph of the applicant or the individual's date of birth.

*Is the document from the U.S. or a foreign country?

☐ 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?

Design Specifications Document – OSSNAP Screen Package

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input checked="" type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

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

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*.

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input checked="" type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

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

What is the Issue Date?

*Month *Day *Year
-- -- --

*What is the Certificate Number?

You may see this labeled as *Document Number*.

What is the Alien Registration Number?

Design Specifications Document – OSSNAP Screen Package

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input checked="" type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

Additional information for your **Medicaid Card**.

The card must be current and show the individual's name with either a photograph, date of birth or the parent(s) name(s).

*Which State or Territory issued the Medicaid Card?

*What is the Medicaid Card Number?

What is the Issue Date?

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

What is the Expiration Date?

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

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Design Specifications Document – OSSNAP Screen Package

*Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input checked="" type="radio"/> Employee Identification Card
<input type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

What is the Document Number?

What is the Issue Date?

*Month	*Day	*Year
--	--	

What is the Expiration Date?

*Month	*Day	*Year
--	--	

*What is the Name of the Company?

What is the Name of the Institution?

Design Specifications Document – OSSNAP Screen Package

•Other Documentation Options

If you do not have one of the above identity documents or you cannot get a replacement for one of the above identity documents within 10 days, you may select from the list below. Any documents you select from the list must be current (not expired) and show [the] name, identifying information (date of birth or age) and preferably a recent photograph.

<input type="radio"/> Medical Record - Clinic or Hospital
<input type="radio"/> Medical Record - Physician
<input type="radio"/> Health Insurance Card
<input type="radio"/> School Record
<input type="radio"/> School ID
<input type="radio"/> Certificate of Naturalization (N-550/N-570)
<input type="radio"/> Certificate of Citizenship (N-560/N-561)
<input type="radio"/> Medicaid Card
<input type="radio"/> Employee Identification Card
<input checked="" type="radio"/> U.S. Military Identification Card
<input type="radio"/> Other Proof of Identity Documentation

What is the Document Number?

What is the Issue Date?

*Month	*Day	*Year
--	--	

What is the Expiration Date?

*Month	*Day	*Year
--	--	

What is the Military Branch?

Unauthenticated U.S. Replacement Self - U.S. Documentation – Name Change



Online Social Security Number Application

A red asterisk (*) indicates a required field.



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

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

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

*Identity Documentation

Please select one document from the list

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

*Name Change Documentation

Please select one document from the list

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

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Unauthenticated 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**

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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Unauthenticated 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**

Please select one document from the list

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

What is the event date?

*Month	*Day	*Year
--	--	

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

--

What was your former name?

*First	Middle	*Last	Suffix
			--

What is your new name?

*First	Middle	*Last	Suffix
			--

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Please select one document from the list

What is the issue date?

What is the event date?

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

What is the marriage record identification/filing number?

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Unauthenticated 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**

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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Unauthenticated U.S. Replacement Self – Review, Edit and Attestation

 Social Security Sign Out

Online Social Security Number Application

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.

✔ Date of Birth

Edit

What is your date of birth?: **May 6, 1988**

✔ Place of Birth

Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

✔ Assigned Social Security Number

Edit

What is your Social Security Number (SSN)?: **111-11-1111**

✔ Name

Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**

Design Specifications Document – OSSNAP Screen Package
Unauthenticated U.S. Replacement Self – Review, Edit, and Attestation – Continued

When the user selects the attestation checkbox, the 'Next' button will appear.

✓ Race and Ethnicity

Edit

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

What is your race? (Select one or more): **White**

✓ Documentation

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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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Unauthenticated U.S. Replacement Self - Success

*Success – ESS.

**Important: Your social security card request is not complete!**

You **must** select the “Schedule My Appointment” button below to schedule your in-office appointment to finalize your application. You must present your documents within 45 calendar days, or you will need to reapply.

Note: You will be required to log in or create a login.gov account to use the online appointment system.




The **Online Control Number** for this application is **0215178061925**. Write it down or print this screen for your records.

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)


(Document Name)



Prepare For your Appointment

- Gather all the documents listed above and bring them with you to your appointment.
- If you require help, you may bring someone to assist you with your appointment.
- If you are applying for an original social security card for an individual age 12 or older, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.

Unauthenticated U.S. Replacement Self - Success - Banned

 **Important: Your Social Security card request is not complete!**

You **must mail** all the original documents listed below along with the Online Control Number to a [local Social Security office or card center](#) within 45 calendar days or you will need to submit another application.

The **Online Control Number** for this application is **O251900062137**. Write this number down or print this screen for your records. Include the Online Control Number with your mailed document(s).

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)

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

Print

Done

Unauthenticated U.S. Replacement Someone Else Adult – Landing



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Unauthenticated U.S. Replacement Someone Else Adult – Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.

Next

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Unauthenticated U.S. Replacement Someone Else Adult -Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, 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.

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Unauthenticated U.S. Replacement Someone Else Adult - Age 13 or Older

 Social Security


Online Social Security Number Application

A red asterisk (*) indicates a required field.

*You must be 13 or older to fill out this application. Are you 13 or older?

☒ Yes ☐ No


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Unauthenticated U.S. Replacement Someone Else Adult - U.S. Mailing Address Available

 An official website of the United States government [Here's how you know](#) ▼

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Unauthenticated U.S. Replacement Someone Else Adult - Have an SSN

 An official website of the United States government [Here's how you know](#) ▼

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

☒ Yes ☐ No ☐ Don't Know

***Do you know the SSN?**


☐ Yes ☐ No

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Unauthenticated U.S. Replacement Someone Else Adult - Applying For

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*Who are you applying for?

☐ Yourself


☐ Someone else

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Unauthenticated U.S. Replacement Someone Else Adult - Applying for Someone Else Name

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*First

Middle

*Last

Suffix

-- ▾

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



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

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Unauthenticated U.S. Replacement Someone Else Adult – Individual's Date of Birth



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is the individual's date of birth?

*Month

*Day

*Year

*Are you changing the individual's date of birth?

☐

Yes

☐

No

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Unauthenticated U.S. Replacement Someone Else Adult - Relationship Adult

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*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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Unauthenticated U.S. Replacement Someone Else Adult - Individual Capabilities



Online Social Security Number Application

A red asterisk (*) indicates a required field.

*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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Unauthenticated U.S. Replacement Someone Else Adult - Individual's Place of Birth



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field. [i](#)

Where is the individual's place of birth?

U.S.

International

*City/Town

*State

*Are you changing the individual's place of birth?

☐

Yes

☐

No

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Unauthenticated U.S. Replacement Someone Else Adult - Citizenship



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***Is the individual a U.S. Citizen?**

☐

Yes

☐

No

***Do you need to update the individual's U.S. Citizenship or lawful presence status in our records?**

☐

Yes

☐

No

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*First

Middle

*Last

Suffix

-- ▼

*Is the name you entered the individual's full birth name?

☐ Yes

☐ No

*Has the individual ever had a Social Security Number (SSN) card under a name not listed above?

☐ Yes

☐ No

*Are you requesting a name change for the individual?

☐ Yes


☐ No

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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

-- ▾

***Are you changing one or both individual's parents' names?**

☐ Yes


☐ No

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Unauthenticated U.S. Replacement Someone Else Adult - U.S. Mailing Address

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*ZIP Code


What is your daytime phone number?
10-digit Number

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Design Specifications Document – OSSNAP Screen Package

Unauthenticated U.S. Replacement Someone Else Adult – Race and Ethnicity


 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

 **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.

 Show Race and Ethnicity Definitions

Are you Hispanic or Latino? (Select one):

☐ Yes

☐ No

What is your race? (Select one or more):

☐ Alaska Native

☐ American Indian

☐ Asian

☐ Black/African American

☐ Native Hawaiian

☐ Other Pacific Islander

☐ White

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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.

Design Specifications Document – OSSNAP Screen Package

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.

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

**Field level data and other Identity Documentation options are identical to Unauthenticated U.S. Replacement Self and will not be repeated here.



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

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

*Identity Documentation for You

Please select one document from the list

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

*Custody and Responsibility Documentation

Please select one document from the list

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

*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

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



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

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

*Identity Documentation for You

Please select one document from the list

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

*Custody and Responsibility Documentation

Please select one document from the list

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

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

*Identity Documentation for the individual

Please select one document from the list


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

*Name Change Documentation for Adult

Please select one document from the list

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

Unauthenticated U.S. Replacement Someone Else Adult – Review, Edit, and Attestation

 Social Security Sign Out

Online Social Security Number Application

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.

✔ Date of Birth

Edit

What is your date of birth?: **May 6, 1988**

✔ Place of Birth

Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

✔ Assigned Social Security Number

Edit

What is your Social Security Number (SSN)?: **111-11-1111**

✔ Name

Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**

*When the attestation box is checked, the user should see a “Next” button.

✓ Race and Ethnicity

Edit

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

What is your race? (Select one or more): **White**

✓ Documentation

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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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Unauthenticated U.S. Replacement Someone Else Adult - Success

*Success – ESS.

**Important: Your social security card request is not complete!**

You **must** select the “Schedule My Appointment” button below to schedule your in-office appointment to finalize your application. You must present your documents within 45 calendar days, or you will need to reapply.

Note: You will be required to log in or create a login.gov account to use the online appointment system.




The Online Control Number for this application is 0215178061925. Write it down or print this screen for your records.

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)



Prepare For your Appointment

- Gather all the documents listed above and bring them with you to your appointment.
- If you require help, you may bring someone to assist you with your appointment.
- If you are applying for an original social security card for an individual age 12 or older, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.

Unauthenticated U.S. Replacement Someone Else Child – Landing



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Unauthenticated U.S. Replacement Someone Else Child – Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.

Next

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Unauthenticated U.S. Replacement Someone Else Child – Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, 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.

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Unauthenticated U.S. Replacement Someone Else Child - Age 13 or Older

 Social Security


Online Social Security Number Application

A red asterisk (*) indicates a required field.

*You must be 13 or older to fill out this application. Are you 13 or older?

☒ Yes ☐ No

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Unauthenticated U.S. Replacement Someone Else Child - U.S. Mailing Address Available



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*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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Unauthenticated U.S. Replacement Someone Else Child - Have an SSN

 An official website of the United States government [Here's how you know](#) ▼

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.


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

☒ Yes ☐ No ☐ Don't Know

***Do you know the SSN?**

☐ Yes ☐ No

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Unauthenticated U.S. Replacement Someone Else Child - Applying For



Online Social Security Number Application

A red asterisk (*) indicates a required field.

***Who are you applying for?**

☐ Yourself

☐ Someone else

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Unauthenticated U.S. Replacement Someone Else Child - Applying for Someone Else Name



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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" value="--"/>

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

- -


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



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is the individual's date of birth?

*Month

*Day

*Year

--	--	
----	----	--

*Are you changing the individual's date of birth?

☐

Yes

☐

No

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Unauthenticated U.S. Replacement Someone Else Child - Relationship Child



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*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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Unauthenticated U.S. Replacement Someone Else Child - Individual's Place of Birth



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

Where is the individual's place of birth?

U.S.

International

*City/Town

*State

*Are you changing the individual's place of birth?

☐

Yes

☐

No

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Unauthenticated U.S. Replacement Someone Else Child - Citizenship



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***Is the individual a U.S. Citizen?**

☐

Yes

☐

No

***Do you need to update the individual's U.S. Citizenship or lawful presence status in our records?**

☐

Yes

☐

No

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

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

*Is the name you entered the individual's full birth name?

☐ Yes ☐ No

*Has the individual ever had a Social Security Number (SSN) card under a name not listed above?

☐ Yes ☐ No

*Are you requesting a name change for the individual?


☐ Yes ☐ No

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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

--

***Are you changing one or both individual's parents' names?**

☐ Yes


☐ No

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Unauthenticated U.S. Replacement Someone Else Child - U.S. Mailing Address



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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	*ZIP Code
<input type="text"/>	<input type="text" value="--"/>	<input type="text"/>

What is your daytime phone number?

10-digit Number

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Design Specifications Document – OSSNAP Screen Package

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.

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

**Field level data and other Identity Documentation options are identical to Unauthenticated U.S. Replacement Self and will not be repeated here.

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*Identity Documentation for You

Please select one document from the list

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

*Other Documentation Options for You

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"/> Employee identification card
<input type="radio"/> School identification card
<input type="radio"/> Health insurance identification card
<input type="radio"/> U.S. military identification card
<input type="radio"/> Other Proof of Identity Documentation

*Custody and Responsibility Documentation

Please select one document from the list

<input type="radio"/> Court custody documentation
<input type="radio"/> You are listed as the parent in SSA records

<input type="radio"/> Letter from state social service placing the child in your household
<input type="radio"/> School records indicating that you have responsibility for the child
<input type="radio"/> Rental agreement listing the child in your household
<input checked="" type="radio"/> Other document(s) that show your relationship and responsibility

Identity Documentation for the Child

Please select one document from the list

<input type="radio"/> U.S. driver's license
<input type="radio"/> State-issued non-driver identification card
<input type="radio"/> U.S. passport
<input type="radio"/> Adoption decree
<input type="radio"/> Doctor, clinic or hospital record
<input type="radio"/> School daycare center record
<input type="radio"/> School identification card
<input checked="" type="radio"/> Other Proof of Identity Documentation

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

**Field level data and other Identity Documentation options are identical to Unauthenticated U.S. Replacement Self and will not be repeated here.



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

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

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

*Identity Documentation for You

Please select one document from the list

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

*Custody and Responsibility Documentation

Please select one document from the list

<input type="radio"/> Court custody documentation
<input type="radio"/> You are listed as the parent in SSA records
<input type="radio"/> Letter from state social service placing the child in your household
<input type="radio"/> School records indicating that you have responsibility for the child
<input type="radio"/> Rental agreement listing the child in your household

Design Specifications Document – OSSNAP Screen Package

*Identity Documentation for the Child

Please select one document from the list


<input type="radio"/> U.S. driver's license
<input type="radio"/> State-issued non-driver identification card
<input type="radio"/> U.S. passport
<input type="radio"/> Adoption decree
<input type="radio"/> Doctor, clinic or hospital record
<input type="radio"/> School daycare center record
<input type="radio"/> School identification card

*Name Change Documentation for Child

Please select one document from the list

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

Unauthenticated U.S. Replacement Someone Else Child – Review, Edit, and Attestation

 **Social Security** Sign Out

Online Social Security Number Application

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.

✔ **Date of Birth** Edit

What is your date of birth?: **May 6, 1988**

✔ **Place of Birth** Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

✔ **Assigned Social Security Number** Edit

What is your Social Security Number (SSN)?: **111-11-1111**

✔ **Name** Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**

Unauthenticated U.S. Replacement Someone Else Child – Review, Edit, and Attestation – Continued

*When the attestation box is checked, the user should see a “Next” button.

✓ Race and Ethnicity

Edit

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

What is your race? (Select one or more): **White**

✓ Documentation

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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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Unauthenticated U.S. Replacement Someone Else Child - Success

*Success – ESS.

**Important: Your social security card request is not complete!**

You **must** select the “Schedule My Appointment” button below to schedule your in-office appointment to finalize your application. You must present your documents within 45 calendar days, or you will need to reapply.

Note: You will be required to log in or create a login.gov account to use the online appointment system.




The Online Control Number for this application is 0215178061925. Write it down or print this screen for your records.

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)



Prepare For your Appointment

- Gather all the documents listed above and bring them with you to your appointment.
- If you require help, you may bring someone to assist you with your appointment.
- If you are applying for an original social security card for an individual age 12 or older, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.

Unauthenticated Non-U.S. Original Self – Landing



Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Unauthenticated Non-U.S. Original Self – Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.



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Unauthenticated Non-U.S. Original Self – Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, 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.

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Unauthenticated Non-U.S. Original Self - Age 13 or Older

 Social Security


Online Social Security Number Application

A red asterisk (*) indicates a required field.

***You must be 13 or older to fill out this application. Are you 13 or older?**

☒ Yes ☐ No


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Unauthenticated Non-U.S. Original Self - U.S. Mailing Address Available

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Unauthenticated Non-U.S. Original Self - Have an SSN

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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


☒ Yes ☐ No ☐ Don't Know

***Do you know the SSN?**

☐ Yes ☐ No

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Unauthenticated Non-U.S. Original Self - Applying For

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Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*Who are you applying for?

☐ Yourself

☐ Someone else

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Unauthenticated Non-U.S. Original Self - Date of Birth

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is your date of birth?

*Month

*Day

*Year

-- ▼


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Unauthenticated Non-U.S. Original Self - Sex

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 Social Security

Online Social Security Number Application


A red asterisk (*) indicates a required field.

***What is your sex?**

☐ Male ☐ Female

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Unauthenticated Non-U.S. Original Self - Place of Birth

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

Where is your place of birth?

U.S.

International

*City/Town


*State

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Unauthenticated Non-U.S. Original Self - Citizenship

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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


☐ Yes ☐ No

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Unauthenticated Non-U.S. Original Self - Name

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 **Social Security**

Online Social Security Number Application

A red asterisk (*) indicates a required field.

How should your name appear on the card?

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

***Is the name you entered your full birth name?**

☐ Yes ☐ No

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


☐ Yes ☐ No

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Unauthenticated Non-U.S. Original Self - Parents Names

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Unauthenticated Non-U.S. Original Self - U.S. Mailing Address

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 **Social Security**

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*ZIP Code

What is your daytime phone number?


10-digit Number|

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A red asterisk (*) indicates a required field.

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.**


1

☐ Yes☐ Yes☐ No☐ Alaska Native☐ Alaska Native☐ American Indian☐ Asian☐ Black/African American☐ Native Hawaiian☐ Other Pacific Islander☐ White

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^ Ethnicity Definitions

<u>Answer</u> ▼	<u>Definition</u>
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.

Design Specifications Document – OSSNAP Screen Package

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.

Unauthenticated Non-U.S. Original Self - Documentation

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Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.



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

*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

Design Specifications Document – OSSNAP Screen Package

<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

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Unauthenticated Non-U.S. Original Self – Review, Edit, and Attestation

 **Social Security** Sign Out

Online Social Security Number Application

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.

✔ **Date of Birth** Edit

What is your date of birth?: **May 6, 1988**

✔ **Place of Birth** Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

✔ **Assigned Social Security Number** Edit

What is your Social Security Number (SSN)?: **111-11-1111**

✔ **Name** Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**


Design Specifications Document – OSSNAP Screen Package
Unauthenticated Non-U.S. Original Self – Review, Edit, and Attestation – Continued

*When the attestation box is checked, a “Next” button will appear.

 **Race and Ethnicity**

Edit

Are you Hispanic or Latino? (Select one): **No**
What is your race? (Select one or more): **White**

 **Documentation**

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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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Unauthenticated Non-U.S. Original Self - Success

*Success – ESS.

**Important: Your social security card request is not complete!**

You **must** select the "Schedule My Appointment" button below to schedule your in-office appointment to finalize your application. You must present your documents within 45 calendar days, or you will need to reapply.

Note: You will be required to log in or create a login.gov account to use the online appointment system.




The Online Control Number for this application is 0215178061925. Write it down or print this screen for your records.

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)



Prepare For your Appointment

- Gather all the documents listed above and bring them with you to your appointment.
- If you require help, you may bring someone to assist you with your appointment.
- If you are applying for an original social security card for an individual age 12 or older, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.

Unauthenticated Non-U.S. Original Someone Else Adult – Landing



Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Unauthenticated Non-U.S. Original Someone Else Adult – Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.

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Unauthenticated Non-U.S. Original Someone Else Adult – Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, 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.

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Unauthenticated Non-U.S. Original Someone Else Adult - Age 13 or Older

 Social Security


Online Social Security Number Application

A red asterisk (*) indicates a required field.

***You must be 13 or older to fill out this application. Are you 13 or older?**

☒ Yes ☐ No

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



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*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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Unauthenticated Non-U.S. Original Someone Else Adult - Have an SSN

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.


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

☒ Yes ☐ No ☐ Don't Know

***Do you know the SSN?**

☐ Yes ☐ No

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Unauthenticated Non-U.S. Original Someone Else Adult - Applying For



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*Who are you applying for?

☐ Yourself

☐ Someone else

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Unauthenticated Non-U.S. Original Someone Else Adult - Applying for Someone Else Name



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

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

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Unauthenticated Non-U.S. Original Someone Else Adult – Individual's Date of Birth



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is the individual's date of birth?

*Month

*Day

*Year

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Unauthenticated Non-U.S. Original Someone Else Adult - Relationship Adult

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 Social Security

Online Social Security Number Application


A red asterisk (*) indicates a required field.

*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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Unauthenticated Non-U.S. Original Someone Else Adult - Individual Capabilities

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Unauthenticated Non-U.S. Original Someone Else Adult - Individual's Sex

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Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*What is the individual's sex?

☐

Male

☐

Female

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



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

Where is the individual's place of birth?

U.S.

International

*City/Town

*State

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Unauthenticated Non-U.S. Original Someone Else Adult - Citizenship



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

☐

Yes

☐

No

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

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

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

***Is the name you entered the individual's full birth name?**

☐ Yes ☐ No

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


☐ Yes ☐ No

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

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Unauthenticated Non-U.S. Original Someone Else Adult - U.S. Mailing Address

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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 *ZIP Code

-- ▼

What is your daytime phone number?


10-digit Number

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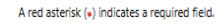
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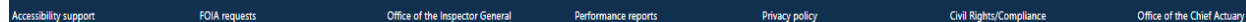
If you do not want to provide this information, select the "Next" button to go to the next page.

[Show Race and Ethnicity Definitions](#)☐ No

<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

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^ 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.

Design Specifications Document – OSSNAP Screen Package

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.

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

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Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*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

Design Specifications Document – OSSNAP Screen Package

<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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Unauthenticated Non-U.S. Original Someone Else Adult – Review, Edit, and Attestation

 **Social Security** Sign Out

Online Social Security Number Application

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.

✔ **Date of Birth** Edit

What is your date of birth?: **May 6, 1988**

✔ **Place of Birth** Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

✔ **Assigned Social Security Number** Edit

What is your Social Security Number (SSN)?: **111-11-1111**

✔ **Name** Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**

*When the attestation box is checked, a “Next” button will appear.

✓ Race and Ethnicity

Edit

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

What is your race? (Select one or more): **White**

✓ Documentation

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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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Unauthenticated Non-U.S. Original Someone Else Adult – Success

*Success – ESS.

**Important: Your social security card request is not complete!**

You **must** select the “Schedule My Appointment” button below to schedule your in-office appointment to finalize your application. You must present your documents within 45 calendar days, or you will need to reapply.

Note: You will be required to log in or create a login.gov account to use the online appointment system.




The Online Control Number for this application is 0215178061925. Write it down or print this screen for your records.

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)



Prepare For your Appointment

- Gather all the documents listed above and bring them with you to your appointment.
- If you require help, you may bring someone to assist you with your appointment.
- If you are applying for an original social security card for an individual age 12 or older, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.

Unauthenticated Non-U.S. Original Someone Else Child – Landing



Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Unauthenticated Non-U.S. Original Someone Else Child – Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.

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Unauthenticated Non-U.S. Original Someone Else Child – Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, 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.

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Unauthenticated Non-U.S. Original Someone Else Child - Age 13 or Older

 Social Security


Online Social Security Number Application

A red asterisk (*) indicates a required field.

*You must be 13 or older to fill out this application. Are you 13 or older?

☒ Yes ☐ No

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

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Unauthenticated Non-U.S. Original Someone Else Child - Have an SSN

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
--------------------------------------	--------------------------	----------------------------------

***Do you know the SSN?**


<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

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Unauthenticated Non-U.S. Original Someone Else Child - Applying For

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 **Social Security**

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***Who are you applying for?**

☐ Yourself


☐ Someone else

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Unauthenticated Non-U.S. Original Someone Else Child - Applying for Someone Else Name

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 **Social Security**

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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


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

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

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 **Social Security**

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is the individual's date of birth?

*Month *Day *Year

-- ▼


-- ▼

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Unauthenticated Non-U.S. Original Someone Else Child - Relationship Child



Online Social Security Number Application

A red asterisk (*) indicates a required field.

*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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Unauthenticated Non-U.S. Original Someone Else Child - Individual's Sex



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*What is the individual's sex?

☐

Male

☐

Female

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

Where is the individual's place of birth?

U.S.

International

*City/Town

*State


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Unauthenticated Non-U.S. Original Someone Else Child - Citizenship

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 Social Security

Online Social Security Number Application


A red asterisk (*) indicates a required field.

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

☐ Yes ☐ No


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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*First Middle *Last Suffix

*Is the name you entered the individual's full birth name?


☐ Yes ☐ No

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

☐ Yes ☐ No


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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Design Specifications Document – OSSNAP Screen Package

Unauthenticated Non-U.S. Original Someone Else Child – Race and Ethnicity

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.



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.

▼ Show Race and Ethnicity Definitions

Are you Hispanic or Latino? (Select one):

☐ Yes

☐ No

What is your race? (Select one or more):

☐ Alaska Native

☐ American Indian

☐ Asian

☐ Black/African American

☐ Native Hawaiian

☐ Other Pacific Islander

☐ White

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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.

Design Specifications Document – OSSNAP Screen Package

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.

Unauthenticated Non-U.S. Original Someone Else Child - U.S. Mailing Address



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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	*ZIP Code
<input type="text"/>	--	<input type="text"/>

What is your daytime phone number?

10-digit Number

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



Online Social Security Number Application

A red asterisk (*) indicates a required field.



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

*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

Design Specifications Document – OSSNAP Screen Package

*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 child in your household
<input type="radio"/>	School records indicating that you have responsibility for the child
<input type="radio"/>	Rental agreement listing the child in your household

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Unauthenticated Non-U.S. Original Someone Else Child – Review, Edit, and Attestation

 **Social Security** Sign Out

Online Social Security Number Application

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.

✓ **Date of Birth** Edit

What is your date of birth?: **May 6, 1988**

✓ **Place of Birth** Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

✓ **Assigned Social Security Number** Edit

What is your Social Security Number (SSN)?: **111-11-1111**

✓ **Name** Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**


*When the attestation box is checked, the “Next” button will appear.

 **Race and Ethnicity**

Edit

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

What is your race? (Select one or more): **White**

 **Documentation**

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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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Unauthenticated Non-U.S. Original Someone Else Child - Success

*Success – ESS.

**Important: Your social security card request is not complete!**

You **must** select the "Schedule My Appointment" button below to schedule your in-office appointment to finalize your application. You must present your documents within 45 calendar days, or you will need to reapply.

Note: You will be required to log in or create a login.gov account to use the online appointment system.




The Online Control Number for this application is 0215178061925. Write it down or print this screen for your records.

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)



Prepare For your Appointment

- Gather all the documents listed above and bring them with you to your appointment.
- If you require help, you may bring someone to assist you with your appointment.
- If you are applying for an original social security card for an individual age 12 or older, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.

Unauthenticated Non-U.S. Replacement Self – Landing



Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Unauthenticated Non-U.S. Replacement Self – Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.



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Unauthenticated Non-U.S. Replacement Self - Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, 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.

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Unauthenticated Non-U.S. Replacement Self - Age 13 or Older

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.


***You must be 13 or older to fill out this application. Are you 13 or older?**

☒ Yes ☐ No

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Unauthenticated Non-U.S. Replacement Self - U.S. Mailing Address Available

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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Unauthenticated Non-U.S. Replacement Self - Have an SSN

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

☒ Yes ☐ No ☐ Don't Know

***Do you know the SSN?**


☐ Yes ☐ No

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Unauthenticated Non-U.S. Replacement Self - Applying For

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***Who are you applying for?**

☐ Yourself


☐ Someone else

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Unauthenticated Non-U.S. Replacement Self - SSN



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*What is your Social Security Number (SSN)?

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Unauthenticated Non-U.S. Replacement Self - Date of Birth



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is your date of birth?

*Month

*Day

*Year

*Are you changing your date of birth?

☐

Yes

☐

No

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Unauthenticated Non-U.S. Replacement Self - Place of Birth

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

Where is your place of birth?

U.S.

International

*City/Town

*State

--

*Are you changing your place of birth?

☐ Yes


☐ No

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Unauthenticated Non-U.S. Replacement Self - Citizenship



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***Do you need to update your U.S. Citizenship or lawful presence status in our records?**

☐ Yes

☐ No

***Are you a U.S. Citizen?**

☐ Yes

☐ No

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Unauthenticated Non-U.S. Replacement Self - Name



Online Social Security Number Application

A red asterisk (*) indicates a required field.

How should your name appear on the new card?

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

*Is the name you entered your full birth name?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

*Have you ever had a Social Security Number (SSN) card under a name not listed above?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

*Are you requesting a name change?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

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Unauthenticated Non-U.S. Replacement Self - Parents Names



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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

 ▼

***Are you changing your one or both of your parent's names?**

☐ Yes ☐ No

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

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 **Social Security**

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*ZIP Code

What is your daytime phone number?


10-digit Number|

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Unauthenticated Non-U.S. Replacement Self - Race and Ethnicity



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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.

Show Race and Ethnicity Definitions

Are you Hispanic or Latino? (Select one):

☐ Yes

☐ No

What is your race? (Select one or more):

☐ Alaska Native

☐ American Indian

☐ Asian

☐ Black/African American

☐ Native Hawaiian

☐ Other Pacific Islander

☐ White

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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.

Design Specifications Document – OSSNAP Screen Package


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.

Design Specifications Document – OSSNAP Screen Package

Unauthenticated Non-U.S. Replacement Self - Documentation



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

Evidence Documentation For You

Please select all the documentation that you can give us to prove your identity and immigration status.

☐ Foreign Passport

☐ I-551 Permanent Resident Card

☐ I-94 with No Foreign Passport

☐ I-94 with Unexpired Foreign Passport

☐ I-766 Employment Authorization Document (EAD) Card

☐ Admit (ADM) Stamp in Unexpired Foreign Passport

☐ I-551 Stamp (Temporary)

☐ Current, Valid U.S. Drivers License

☐ I-551 Machine Readable Immigrant Visa (MRIV)

☐ U.S. State Identity Card

☐ Birth Certificate - Foreign

☐ DS-2019 Certificate of Eligibility

☐ I-20 Certificate of Eligibility


☐ Other

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Unauthenticated Non-U.S. Replacement Self - Documentation - Name Change



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

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.

*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"/>	Other

*Name Change Documentation For You

Please select one document from the list

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

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Unauthenticated Non-U.S. Replacement Self – Review, Edit, and Attestation

 **Social Security** Sign Out

Online Social Security Number Application

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.

✔ **Date of Birth** Edit

What is your date of birth?: **May 6, 1988**

✔ **Place of Birth** Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

✔ **Assigned Social Security Number** Edit

What is your Social Security Number (SSN)?: **111-11-1111**

✔ **Name** Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**

Design Specifications Document – OSSNAP Screen Package
Unauthenticated Non-U.S. Replacement Self – Review, Edit, and Attestation – Continued

*When clicking the attestation box, a “Next” button will appear.

✓ Race and Ethnicity

Edit

Are you Hispanic or Latino? (Select one): **No**
What is your race? (Select one or more): **White**

✓ Documentation

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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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Unauthenticated Non-U.S. Replacement Self – Success

*Success – ESS.

**Important: Your social security card request is not complete!**

You **must** select the “Schedule My Appointment” button below to schedule your in-office appointment to finalize your application. You must present your documents within 45 calendar days, or you will need to reapply.

Note: You will be required to log in or create a login.gov account to use the online appointment system.




The **Online Control Number** for this application is **0215178061925**. Write it down or print this screen for your records.

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)



Prepare For your Appointment

- Gather all the documents listed above and bring them with you to your appointment.
- If you require help, you may bring someone to assist you with your appointment.
- If you are applying for an original social security card for an individual age 12 or older, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.

Unauthenticated Non-U.S. Replacement Someone Else Adult – Landing



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Unauthenticated Non-U.S. Replacement Someone Else Adult – Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.

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Unauthenticated Non-U.S. Replacement Someone Else Adult – Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, 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.

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OMB No. 0960-0066

Unauthenticated Non-U.S. Replacement Someone Else Adult - Age 13 or Older

 Social Security

Online Social Security Number Application


A red asterisk (*) indicates a required field.

*You must be 13 or older to fill out this application. Are you 13 or older?

☒ Yes ☐ No

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

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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


☒ Yes ☐ No ☐ Don't Know

***Do you know the SSN?**

☐ Yes ☐ No

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 Social Security


Online Social Security Number Application

A red asterisk (*) indicates a required field.

***Who are you applying for?**

☐ Yourself

☒ Someone else



When to Apply for Someone Else:

Only select "Someone Else" if:

- The person is under 18 and you have legal custody, or
- They cannot apply due to physical or mental limitations (proof required).

Who Can Apply:

- Parent or stepparent with custody
- Court-appointed guardian
- Relative with custody or responsibility
- State or licensed agency with legal custody
- Anyone who can show they have a relationship and responsibility if no one listed above is available

Important:


- If the person can apply on their own, they must do so.
 - If someone is helping you with your application, select "self."
 - Anyone age 12 or older applying for a new Social Security number must go in person for an interview after completing this application.

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Applying For

Unauthenticated Non-U.S. Replacement Someone Else Adult - Applying for Someone Else Name

 An official website of the United States government [Here's how you know](#) ▼

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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


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

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

-

-


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Unauthenticated Non-U.S. Replacement Someone Else Adult – Individual's Date of Birth



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is the individual's date of birth?

*Month *Day *Year

-- --

*Are you changing the individual's date of birth?

☐ Yes ☐ No

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Unauthenticated Non-U.S. Replacement Someone Else Adult - Relationship Adult

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 Social Security

Online Social Security Number Application


A red asterisk (*) indicates a required field.

*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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Unauthenticated Non-U.S. Replacement Someone Else Adult - Individual Capabilities



Online Social Security Number Application

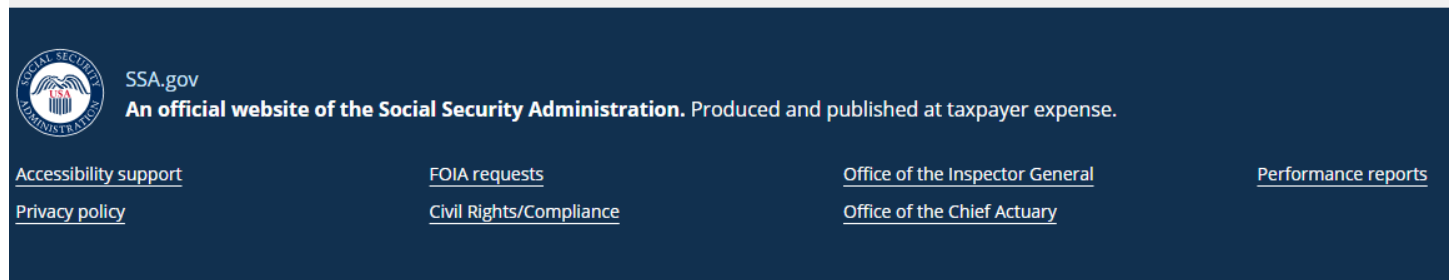
A red asterisk (*) indicates a required field.

***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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Unauthenticated Non-U.S. Replacement Someone Else Adult - Individual's Place of Birth



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

Where is the individual's place of birth?

U.S.

International

*City/Town

*State

*Are you changing the individual's place of birth?

☐

Yes

☐

No

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Unauthenticated Non-U.S. Replacement Someone Else Adult - Citizenship



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***Is the individual a U.S. Citizen?**

☐ Yes

☐ No

***Do you need to update the individual's U.S. Citizenship or lawful presence status in our records?**

☐ Yes

☐ No

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



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

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

*Is the name you entered the individual's full birth name?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

*Has the individual ever had a Social Security Number (SSN) card under a name not listed above?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

*Are you requesting a name change for the individual?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***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

-- ▼

***Are you changing your one or both of the individual's parent's names?**


☐ Yes☐ No

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Unauthenticated Non-U.S. Replacement Someone Else Adult - U.S. Mailing Address

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*ZIP Code

What is your daytime phone number?


10-digit Number

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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.

Design Specifications Document – OSSNAP Screen Package

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.

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



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*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 (MRI/V)
<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

Design Specifications Document – OSSNAP Screen Package

*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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Design Specifications Document – OSSNAP Screen Package

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

Online Social Security Number Application

A red asterisk (*) indicates a required field.

 **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

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 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

Design Specifications Document – OSSNAP Screen Package

*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

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

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Unauthenticated Non-U.S. Replacement Someone Else Adult – Review, Edit, and Attestation

✓ Race and Ethnicity

Edit

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

What is your race? (Select one or more): **White**

✓ Documentation

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

☒

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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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*When the attestation box is checked, the “Next” button will appear.

✓ **Race and Ethnicity**

Edit

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

What is your race? (Select one or more): **White**

✓ **Documentation**

Edit

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

What is your driver's license number?: **A232SD**

In which state or territory was your driver's license issued?: **Maryland**

What is the issue date?: **August 14, 2020**

What is the expiration date?: **November 14, 2027**

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

☐ * **I have read the statements above, and I agree to the Terms of Service.**

Electronic Signature

I understand and agree that my application will be signed electronically when I select the check box 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.

I understand that by checking "I have read the statement above, and I agree to the Terms of Service", I am providing "written instructions" to SSA under the Fair Credit Reporting Act authorizing SSA to obtain information from my personal credit profile or other information from Experian. I authorize SSA to obtain such information solely to provide me access to personally identifiable information and prevent fraudulent transactions.


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Unauthenticated Non-U.S. Replacement Someone Else Adult – Success

*Success – ESS.

**Important: Your social security card request is not complete!**

You **must** select the “Schedule My Appointment” button below to schedule your in-office appointment to finalize your application. You must present your documents within 45 calendar days, or you will need to reapply.

Note: You will be required to log in or create a login.gov account to use the online appointment system.




*The **Online Control Number** for this application is **0215178061925**. Write it down or print this screen for your records.*

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)



Prepare For your Appointment

- Gather all the documents listed above and bring them with you to your appointment.
- If you require help, you may bring someone to assist you with your appointment.
- If you are applying for an original social security card for an individual age 12 or older, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.

Unauthenticated Non-U.S. Replacement Someone Else Child – Landing



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Do You Really Need a Social Security Card?

- You rarely need to show your physical Social Security card.
- Knowing your Social Security number is what is important.
- Many organizations can verify your number directly with us.

Request a new or replacement Social Security Number (SSN) card by completing your application entirely online. Depending on your circumstances, you may need to visit a Social Security office to finalize your request.

- We will guide you through each step of the application process.
- After you successfully submit your online application, we will either process it completely online or help you to self-schedule an appointment to visit your [local Social Security office or card center](#) with your documents within 45 calendar days.

Important Document Requirements for Your Visit:

- If you are visiting us in person, you must bring original documents or copies certified by the issuing agency.
- Your documents must be unexpired and clearly show your name and date of birth or age.
- Find out which documents are required for your original or replacement card request.
- Once the Social Security Administration verifies your documents and processes your request, your Social Security card will be mailed to you **within 14 business days**.

[Apply Now](#)

Unauthenticated Non-U.S. Replacement Someone Else Child – Terms of Service



Social Security

Online Social Security Number Application

Use Our Online Service To Obtain A Social Security Number Card

Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

☐ I agree to the Terms of Service.

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Unauthenticated Non-U.S. Replacement Someone Else Child – Privacy Act Statement



Social Security

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 use to 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 agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0058, 60-0104, 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.

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Unauthenticated Non-U.S. Replacement Someone Else Child - Age 13 or Older

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.


*You must be 13 or older to fill out this application. Are you 13 or older?

☒ Yes ☐ No

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



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*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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Unauthenticated Non-U.S. Replacement Someone Else Child - Have an SSN

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 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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


☒ Yes ☐ No ☐ Don't Know

***Do you know the SSN?**

☐ Yes ☐ No

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Unauthenticated Non-U.S. Replacement Someone Else Child - Applying For

 Social Security


Online Social Security Number Application

A red asterisk (*) indicates a required field.

***Who are you applying for?**

☐ Yourself

☒ Someone else

 **When to Apply for Someone Else:**
Only select "Someone Else" if:

- The person is under 18 and you have legal custody, or
- They cannot apply due to physical or mental limitations (proof required).

Who Can Apply:

- Parent or stepparent with custody
- Court-appointed guardian
- Relative with custody or responsibility
- State or licensed agency with legal custody
- Anyone who can show they have a relationship and responsibility if no one listed above is available

Important:


- If the person can apply on their own, they must do so.**
 - If someone is helping you with your application, select "self."
 - Anyone age 12 or older applying for a new Social Security number must go in person for an interview after completing this application.

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Unauthenticated Non-U.S. Replacement Someone Else Child - Applying for Someone Else Name



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

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

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

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

- -


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



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

What is the individual's date of birth?

*Month *Day *Year

-- --

*Are you changing the individual's date of birth?

☐ Yes ☐ No

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Unauthenticated Non-U.S. Replacement Someone Else Child - Relationship Child



Online Social Security Number Application

A red asterisk (*) indicates a required field.

*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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Unauthenticated Non-U.S. Replacement Someone Else Child - Individual's Place of Birth



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

Where is the individual's place of birth?

U.S.

International

*City/Town

*State

*Are you changing the individual's place of birth?

☐

Yes

☐

No

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Unauthenticated Non-U.S. Replacement Someone Else Child - Citizenship



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

***Is the individual a U.S. Citizen?**

☐ Yes ☐ No

***Do you need to update the individual's U.S. Citizenship or lawful presence status in our records?**

☐ Yes ☐ No

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



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

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

*Is the name you entered the individual's full birth name?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

*Has the individual ever had a Social Security Number (SSN) card under a name not listed above?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

*Are you requesting a name change for the individual?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

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



Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.

*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

*Are you changing your one or both of the individual's parent's names?

☐ Yes ☐ No

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Unauthenticated Non-U.S. Replacement Someone Else Child - U.S. Mailing Address



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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	*ZIP Code
<input type="text"/>	--	<input type="text"/>

What is your daytime phone number?

10-digit Number

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Design Specifications Document – OSSNAP Screen Package

Unauthenticated Non-U.S. Replacement Someone Else Child – Race and Ethnicity

 Social Security

Online Social Security Number Application

A red asterisk (*) indicates a required field.



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.

▼ Show Race and Ethnicity Definitions

Are you Hispanic or Latino? (Select one):

☐ Yes

☐ No

What is your race? (Select one or more):

☐ Alaska Native

☐ American Indian

☐ Asian

☐ Black/African American

☐ Native Hawaiian

☐ Other Pacific Islander

☐ White

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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.

Design Specifications Document – OSSNAP Screen Package

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.

Design Specifications Document – OSSNAP Screen Package

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



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

***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

Design Specifications Document – OSSNAP Screen Package

*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 child in your household
<input type="radio"/>	School records indicating that you have responsibility for the child
<input type="radio"/>	Rental agreement listing the child in your household

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



Online Social Security Number Application

A red asterisk (*) indicates a required field.

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

*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

Design Specifications Document – OSSNAP Screen Package

<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 child in your household
<input type="radio"/>	School records indicating that you have responsibility for the child
<input type="radio"/>	Rental agreement listing the child in your household

*Name Change Documentation for Child

Please select one document from the list

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

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Unauthenticated Non-U.S. Replacement Someone Else Child – Review, Edit, and Attestation

 Social Security Sign Out

Online Social Security Number Application

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.

✔ Date of Birth

Edit

What is your date of birth?: **May 6, 1988**

✔ Place of Birth

Edit

Where is your place of birth?: **JERSEY CITY, New Jersey**

✔ Assigned Social Security Number

Edit

What is your Social Security Number (SSN)?: **111-11-1111**

✔ Name

Edit

How should your name appear on the new card?: **Shekha k shastri**
Is the name you entered your full birth name?: **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: **DSG 360**
Apartment, Suite, Building, Etc.: **11**
City/Town: **JERSEY CITY**
State: **New Jersey**
ZIP Code: **75063**
What is your daytime phone number?: **(111) 111-1111**


*When the attestation box is checked, a “Next” button will appear.

 **Race and Ethnicity**

Edit

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

What is your race? (Select one or more): **White**

 **Documentation**

Edit

Evidence Documentation For You: **Foreign Passport, I-551 Permanent Resident Card, I-94 with No Foreign Passport, I-94 with Unexpired Foreign Passport, I-766 Employment Authorization Document (EAD) Card, Admit (ADM) Stamp in Unexpired Foreign Passport, I-551 Stamp (Temporary), Current, Valid U.S. Drivers License, I-551 Machine Readable Immigrant Visa (MRIV), U.S. State Identity Card, Birth Certificate - Foreign, DS-2019 Certificate of Eligibility, I-20 Certificate of Eligibility, Other**

The social security number card is not complete: In order for the card to be processed:

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

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 NEXT button below. I also understand that my electronic signature means that I intend to apply for a social security number 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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Unauthenticated Non-U.S. Replacement Someone Else Child - Success

*Success – ESS.

**Important: Your social security card request is not complete!**

You **must** select the "Schedule My Appointment" button below to schedule your in-office appointment to finalize your application. You must present your documents within 45 calendar days, or you will need to reapply.

Note: You will be required to log in or create a login.gov account to use the online appointment system.




The **Online Control Number** for this application is **0215178061925**. Write it down or print this screen for your records.

Documents You Must Bring to Your Appointment

(Document Name)

(Document Name)

(Document Name)



Prepare For your Appointment

- Gather all the documents listed above and bring them with you to your appointment.
- If you require help, you may bring someone to assist you with your appointment.
- If you are applying for an original social security card for an individual age 12 or older, both you and the person to whom the SSN is for must appear for the mandatory in-person interview.