


# No Longer Displaying Pre-Filled Data Fields for Place of Birth and Parents' Names:

## Review and Edit (No Change) Before checkbox

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 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.

**Assigned Social Security Number** Edit  
What is your Social Security Number (SSN)? **062-37-6404**

**Date of Birth** Edit  
What is your date of birth? **January 2, 1938**

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

**U.S. Mailing Address and Phone Number** Edit  
What is your mailing address?:  
Street Address: **PO BX 592**  
Apartment, Suite, Building, Etc.: **Apt 3-E**  
City/Town: **Laconia**  
State: **New Hampshire**  
ZIP Code: **03247**  
What is your daytime phone number?: **(999) 999-9999**

**Race and Ethnicity** Edit  
Are you Hispanic or Latino? (Select one): **No Response**  
What is your race? (Select one or more): **No Response**

**Documentation** Edit  
Identity Documentation: **U.S. driver's license**  
In which state or territory was your driver's license issued?: **New Hampshire**  
What is your driver's license number?: **454654654**  
What is the issue date?: **Not Answered**  
What is the expiration date?: **Not Answered**  
What is your name as shown on your driver's license?: **Andrew Dolphus Johnson**

### Acknowledge Disclosures

A red asterisk (\*) indicates a required field.

Please read and accept the following statement.

**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 an 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.

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

Previous Exit

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# Review and Edit (No Change) After Checkbox

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## 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.

**Assigned Social Security Number** [Edit](#)  
What is your Social Security Number (SSN)? **062-37-6404**

**Date of Birth** [Edit](#)  
What is your date of birth? **January 2, 1938**

**Name** [Edit](#)  
Are you requesting a name change?: **No**

**U.S. Mailing Address and Phone Number** [Edit](#)  
What is your mailing address?  
Street Address: **PO BX 592**  
Apartment, Suite, Building, Etc.: **Apt 3-E**  
City/Town: **Laconia**  
State: **New Hampshire**  
ZIP Code: **03247**  
What is your daytime phone number?: **(909) 999-9999**

**Race and Ethnicity** [Edit](#)  
Are you Hispanic or Latino? (Select one): **No Response**  
What is your race? (Select one or more): **No Response**

**Documentation** [Edit](#)  
Identity Documentation: **U.S. driver's license**  
In which state or territory was your driver's license issued?: **New Hampshire**  
What is your driver's license number?: **454654654**  
What is the issue date?: **Not Answered**  
What is the expiration date?: **Not Answered**  
What is your name as shown on your driver's license?: **Andrew Dolphus Johnson**

### Acknowledge Disclosures

A red asterisk (\*) indicates a required field.

Please read and accept the following statement.

**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 an 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.

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

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# Review and Edit Before Checkbox (Name Change)

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 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.

**Assigned Social Security Number** [Edit](#)

What is your Social Security Number (SSN): **620-50-9207**

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

What is your date of birth: **November 22, 1930**

**Name** [Edit](#)

Are you requesting a name change?: **Yes**  
What is the reason for your name change?: **Marriage**  
How should your name appear on your Social Security card?: **DAVID JEFFERY DOE**  
New Last Name Option you have selected: **Spouse's Last Name**  
What was your spouse's full name before marriage?: **JOHN DOE**

**U.S. Mailing Address and Phone Number** [Edit](#)

What is your mailing address:  
Street Address: **721 Charing Cross Road**  
City/Town: **Baltimore**  
State: **Maryland**  
ZIP Code: **12313**  
What is your daytime phone number?: **(123) 123-1311**

**Race and Ethnicity** [Edit](#)

Are you Hispanic or Latino? (Select one): **No Response**  
What is your race? (Select one or more): **No Response**

**Documentation** [Edit](#)

Name Change Documentation: **Marriage document/U.S. only**  
In which state or territory was your marriage document issued?: **Arkansas**  
What is the issue date?: **March 2, 2023**  
What is the date of marriage?: **June 2, 2022**  
What is the marriage record state file number?: **4546547971316546**  
What is the city or county/borough of marriage?: **Not Answered**  
What is the date of recordation?: **Not Answered**  
What is the name of the issuing agency/custodian of record?: **Not Answered**  
What was your full name before marriage?: **John Doe Smith**

Identity Documentation: **State-issued non-driver identification card**  
In which state or territory was your state-issued non-driver identification card issued?: **Colorado**  
What is your state-issued non-driver identification card number?: **123131231**  
What is the issue date?: **Not Answered**  
What is the expiration date?: **Not Answered**  
What is your name as shown on your state-issued non-driver identification card?: **John Doe Smith**

### New Name

A red asterisk (\*) indicates a required field.

**1** 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" buttons above in the Your Name section.

DAVID JEFFERY Doe

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

### Acknowledge Disclosures

A red asterisk (\*) indicates a required field.

**1** Submitting a name change 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.

\*I understand if I receive benefits, I must report my marriage to my local office.

Please read and accept the following statement.

**1** **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 an SSN card and have provided the Social Security Administration with accurate information.

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

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# Review and Edit After Checkbox (Name Change)

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## 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.

**Assigned Social Security Number** Edit

What is your Social Security Number (SSN)?: **020-50-9207**

**Date of Birth** Edit

What is your date of birth?: **November 22, 1930**

**Name** Edit

Are you requesting a name change?: **Yes**  
What is the reason for your name change?: **Marriage**  
How should your name appear on your Social Security card?: **DAVID JEFFERY DOE**  
New Last Name Option you have selected: **Spouse's Last Name**  
What was your spouse's full name before marriage?: **JOHN DOE**

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

What is your mailing address?:  
Street Address: **721 Charing Cross Road**  
City/Town: **Baltimore**  
State: **Maryland**  
ZIP Code: **12313**  
What is your daytime phone number?: **(123) 123-1311**

**Race and Ethnicity** Edit

Are you Hispanic or Latino? (Select one): **No Response**  
What is your race? (Select one or more): **No Response**

**Documentation** Edit

Name Change Documentation: **Marriage document/U.S. only**  
In which state or territory was your marriage document issued?: **Arkansas**  
What is the issue date?: **March 2, 2023**  
What is the date of marriage?: **June 2, 2022**  
What is the marriage record state file number?: **4546547971316546**  
What is the city or county/borough of marriage?: **Not Answered**  
What is the date of recordation?: **Not Answered**  
What is the name of the issuing agency/custodian of record?: **Not Answered**  
What was your full name before marriage?: **John Doe Smith**

Identity Documentation: **State-issued non-driver identification card**  
In which state or territory was your state-issued non-driver identification card issued?: **Colorado**  
What is your state-issued non-driver identification card number?: **123131231**  
What is the issue date?: **Not Answered**  
What is the expiration date?: **Not Answered**  
What is your name as shown on your state-issued non-driver identification card?: **John Doe Smith**

### New Name

A red asterisk (\*) indicates a required field.

**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" buttons above in the Your Name section.  
**DAVID JEFFERY Doe**

Check the box if you agree with your new name.

### Acknowledge Disclosures

A red asterisk (\*) indicates a required field.

**Submitting a name change 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.

I understand if I receive benefits, I must report my marriage to my local office.

Please read and accept the following statement.

**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 an SSN card and have provided the Social Security Administration with accurate information.

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

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Office of the Chief Actuary

# Added Instructional Language for Drivers' License or State ID Card:

Driver's License Selected



## Online Social Security Number Application

A red asterisk (\*) indicates a required field.

### 1 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

**\*Identify 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

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

**\*What is your driver's license number?**  
Enter the number exactly as shown on your driver's license, including all letters, numbers, and special characters (such as spaces, hyphens, ampersands, and asterisks). This number may be labeled as DL No., DL#, ID, DN, LIC No., Customer Number, or Credential Identifier.  
(Examples: S-00-000-000-000-0, 123 456 789, T123456789, WA26-123-45-678-9, A123456789, 0001234567, T52-012-345-6-789)

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


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

**What is your name as shown on your driver's license?**

\*First:  Middle:  \*Last:  Suffix:

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# State ID Selected

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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 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

**\*Identify 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

**\*In which state or territory was your state-issued non-driver identification card issued?**

Alabama

**\*What is your state-issued non-driver identification card number?**  
Enter the number exactly as shown on your identification (ID) card, including all letters, numbers, and special characters (such as spaces, hyphens, ampersands, and asterisk). This number may be labeled as ID No., Customer Identifier, ID Number, Document Number, DN, or IDN.  
(Examples: D123-456-87-789-0, 123 456 789, 5-00-000-000-000-0, 0001234567, 132-012-345-6-789)

**What is the issue date?**

Months: Day: Year:

-- -- --

**What is the expiration date?**

Months: Day: Year:

-- -- --

**\*What is your name as shown on your state-issued non-driver identification card?**

First: Middle: Last: Suffix:

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