

**NOW THAT YOUR CEREMONY HAS BEEN PERFORMED
WHAT ARE THE NEXT STEPS?
A HANDY GUIDE TO ASSIST YOU WITH THE NAME CHANGE PROCESS!**



**PISCATAWAY TOWNSHIP DEPARTMENT OF VITAL STATISTICS
455 HOES LANE - PISCATAWAY, NJ 08854
732-562-2310**

**MELISSA A. SEADER, RMC CMR – REGISTRAR – VIRGINIA SCHIAVI, CMR – DEP. REGISTRAR
MONIQUE Y. THOMPSON, CMR**

<http://www.piscatawaynj.org/township-clerk/vital-statistics>

**Step 1: REQUEST A CERTIFIED COPY OF YOUR MARRIAGE
LICENSE**

Obtain a certified copy with the raised seal of your marriage/civil union/re-marriage or re-affirmation from the municipality (town, city, township or boro) where the ceremony was performed. Costs vary. (The ceremony copy isn't a certified copy - application attached at the end of this packet)

**Step 2: CHANGE YOUR DRIVER'S LICENSE & SOCIAL
SECURITY RECORDS FIRST***

To change your **driver's license record**, you must go to your local Dept. of Motor Vehicles or DMV (Take your current driver's license and a certified copy of your marriage license. Your copy of the marriage license will be given back immediately.

Note: While at the DMV, you can also take care of **voter registration**.

To change your **social security record**; complete Form SS-5 (this must be filled out in **blue** or **black** ink). You can do this in person at any Social Security office or by mail. You can find your local office in the blue pages of your phone book under "United States Government Offices". There is no cost for changing your social security records (if some company contacts you & wants to charge you to do this, know that they are not with the SSA & should be reported). You can use the enclosed Form SS-5 or go to: <http://www.ssa.gov/online/ss-5.pdf> or call the Social Security Administration at 1-800-772-1213.

If you choose to mail in your form you can expect to get your marriage license mailed back within 7-10 days. Your new Social Security Card will take about 2-4 weeks. Note: You may leave items 5, 8B and 9B blank.

Note: The IRS is also linked to the Social Security Administration and does not need formal notification providing you make the name change through the Social Security Administration. Your name change will update automatically with the IRS.

Step 3: CHNG. OTHER RECORDS

Internal Revenue Service – You do not have to immediately notify the IRS of a name change (they get it from Social Security). However, you do notify the IRS of an address change on Form 8822, & on line 5 you can indicate your name change. If your address is not changing, when you do your taxes next time, use your new name. The IRS looks for a match with Social Security. You can get Form 8822 at: <http://www.irs.gov>

U. S. Post Office – You do not need to inform the post office of your new name, but if you've moved, you'll want mail now going to your old address forwarded to your new home. Go to <http://www.usps.gov> This can be done online by clicking on the "Manage Your Mail and then Change Address" link at the top, or visit your local post office for a change of address form. The post office will forward mail up to a year, and it can take up to six weeks to get it.

U. S. Passport – If your passport is current, you change your name by completing Amendment Form DS-19. Read the instructions carefully. There is no fee for this service, unless you request your documents to be expedited. The cost for this service is \$60.

Notice! If you are planning a trip right after your wedding, travel under your maiden name. Passport name, ticket name, and all travel documents much match.

Get Form DS-19 at: <http://travel.state.gov/DS-0019.pdf>

Mail your completed amendment form, old passport, and certified copy of your marriage license to:

For Routine Service

**National Passport Processing Center
PO Box 90107
Philadelphia, PA 19190-0107**

For Expedited Service (Additional Fee)

**National Passport Processing Ctr.
PO Box 90907
Philadelphia, PA 19190-0907**

Note: The forms you print must be clear and sharp. Applications that are blurred or illegible will not be accepted. They must be printed in black print on white regular paper. Thermal paper, dye-sublimation paper, special inkjet paper, and other shiny papers are not acceptable. Your documents will be returned and there is no fee for this service.

NAME CHANGE CHECKLIST

Use this checklist to keep track of records you have changed concerning your new name.

Banking & Financial Records

- All Checking and all Savings Accounts
- Investment Accounts (i.e. mutual funds, stock brokerage)
- Retirement Accounts (i.e. 401K, IRA, Deferred Compensation)
- All Vehicle Loans or Lease Companies
- All Credit Cards
- All Department Store Accounts
- Reward Programs (i.e. frequent flyer or frequent stay programs)

Government Agencies

- Social Security Card – The Social Security Department will automatically forward your name change to the IRS and your State Department of franchise (For your state taxes if applicable). It is not necessary to contact these two agencies.
- Department of Motor Vehicles – Change your Driver's license, vehicle title registration and state identification card if applicable
- Voter Registration – Can be changed at most DMV locations when you change your license
- Change your current Passport records – if applicable through the United States Passport Agency

Household Records

- Change of Address with Post Office
- Mortgage Company or Landlord
- Homeowner Associations, Association Dues, any other Management Company
- All Utility companies – power, gas, water, garbage, phone, cable, internet

- Cell Phone Company
- Property Tax
- Title Records
- Auto Insurance
- Homeowners Insurance
- Health Insurance
- Life Insurance/Disability Insurance
- Household Security Companies
- Magazine Subscription
- Newspaper Subscription

Personal Records

- Medical records – Family doctor, dentist, pharmacist and veterinarian
- Accountant, Lawyer, Insurance Agent, Financial Planner, etc.
- Your Company's Human Resource Department

Memberships and Organizations

- Health Clubs, Country Clubs, and any other social organizations
- Professional Membership Organization
- Charity Organization
- Church
- Alumni Organizations
- Library

Congratulations! Now you can get on with your new life! ☺

NOTICE OF NAME AND ADDRESS CHANGE

(For accounts shared prior to ceremony)

Dear _____,

We would like to inform you of our recent marriage and address change.

Our account number is _____.

Husband's Full Name:

Bride's Full Maiden Name:

Husband's Former Address:

Bride's Former Address:

Are Now:

Husband's Full Name

Wife's Full Name

New Address

City State Zip

Date of Marriage:

Special Instructions: _____ We plan to continue service
(check appropriate sections) _____ We plan to discontinue service after _____
Please send necessary forms to include my spouse on my policy/account

If you have any questions, please feel free to contact us at: () _____

Sincerely,

Husband's Name

Husband's Signature

Wife's Name

Wife's Signature

NAME CHANGE REQUEST FORM

To Whom It May Concern:

I have recently married and need to have my records changed to reflect my new name.

My name currently on record: _____

My account/plan number is: _____

Please change my name on record to the following:

My address is the same _____ / has changed _____ from your current records to:

Address: _____

City/State/Zip: _____

Copies of my driver's license and marriage certificate are enclosed. If you need additional information, please do not hesitate to contact me at:

Email: _____

Phone: _____

Thank you in advance for your attention to this matter.

Sincerely,

Signature: _____

Date: _____

**New Jersey Department of Health and Senior Services
Vital Statistics and Registration
P.O. BOX 370
Trenton, NJ 08625-0370**

**APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD
APLICACIÓN PARA COPIAS CERTIFICADAS Ó CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO**

<input type="checkbox"/> I would like a Certified Copy. <i>(Quiero una copia certificada.)</i>			If available, I prefer the format of the certified copy to be: <i>(Prefiero:)</i>		
<input type="checkbox"/> I will be forwarding the Certified Copy for an Apostille Seal. <i>(Enviaré esta copia certificada para ser Apostillada.)</i>			<input type="checkbox"/> Computer Generated copy of original. <i>(Copia del Original-Generado por Computadora)</i>		
<input type="checkbox"/> I would like a Certification. <i>(Quiero una certificación.)</i>			<input type="checkbox"/> Digital Image/Photocopy of original. <i>(Imagen Digital/Fotocopia del Original)</i>		
Name of Applicant <i>(Nombre de Apicante)</i>		Relationship to person on record (Proof is required if certified copy requested.) <i>[Relación al individuo (Prueba es requerida para copia certificada.)]</i>		Reasons for Request: <i>(Motivo de solicitud)</i>	
Current Mailing Address (Must Match address on ID) <i>[Dirección Postal (Debe coincidir con identificación)]</i>				<input type="checkbox"/> Passport <i>(Pasaporte)</i> <input type="checkbox"/> Driver's License <i>(Licencia de Conducir)</i> <input type="checkbox"/> School/Sports <i>(Escuela/Deportes)</i> <input type="checkbox"/> Veterans' Benefits <i>(Beneficios veteranos)</i> <input type="checkbox"/> Social Security Card <i>(Tarjeta Seguro Social)</i> <input type="checkbox"/> Social Security Disability <i>(SSI / Incapacidad)</i> <input type="checkbox"/> Other SS Benefits <i>(Otros beneficios de seguro social)</i> <input type="checkbox"/> Medicare <i>(Medicare)</i> <input type="checkbox"/> Welfare <i>(Asistencia Pública)</i> <input type="checkbox"/> Other <i>(Otro)</i> _____	
City <i>(Ciudad)</i>	State <i>(Estado)</i>	Zip Code <i>(Codigo Postal)</i>	Daytime Telephone Number <i>(Número Telefónico)</i>		
Applicant's Signature <i>(Firma del Apicante)</i>			Date of Application <i>(Fecha)</i>		

<input type="checkbox"/> BIRTH <i>(NACIMIENTO)</i>	Full Name of Child at Time of Birth <i>(Nombre Completo al Nacer)</i>		No. Requested Copies <i>(No. de Copias)</i>
	Place of Birth (City, Town) <i>[Lugar de Nacimiento (Ciudad, Pueblo)]</i>	County <i>(Condado)</i>	Exact Date of Birth <i>(Fecha de Nacimiento)</i>
	Child's Mother's Full Maiden Name <i>(Nombre completo de soltera de la Madre)</i>	Child's Father's Name (if on record) <i>[Nombre del Padre (si esta registrado)]</i>	
	If the Child's Name was Changed, Indicate New Name and How it was Changed: <i>(Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):</i>		
<input type="checkbox"/> MARRIAGE <i>(MATRIMONIO)</i> <input type="checkbox"/> CIVIL UNION <i>(UNIÓN CIVIL)</i> <input type="checkbox"/> DOMESTIC PARTNERSHIP <i>(SOCIEDAD DOMÉSTICA)</i>	Name of Husband/ Partner <i>(Nombre de Esposo/Pareja)</i>		No. Requested Copies <i>(No. de Copias)</i>
	Maiden Name of Wife/ Partner <i>(Nombre Soltera de Esposa/Pareja)</i>		Exact Date of Event <i>(Fecha Exacta del Evento)</i>
	Place of Event (City, Town) <i>[Lugar del Evento (Ciudad, Pueblo)]</i>		County <i>(Condado)</i>
<input type="checkbox"/> DEATH <i>(DEFUNCIÓN)</i>	Name of Deceased <i>(Nombre del Fallecido)</i>	Social Security Number (See Note) <i>[Numero de Seguro Social (Ver Indice)]</i>	No. Requested Copies <i>(No. de Copias)</i>
	Exact Date of Death <i>(Fecha Exacta del Evento)</i>	Place of Event (City/Town) <i>[Lugar del Evento (Ciudad, pueblo)]</i>	County <i>(Condado)</i>
	Maiden Name of Deceased Individual's Mother <i>(Nombre Soltera de la Madre)</i>		Name of Deceased Individual's Father <i>(Nombre del Padre)</i>

Application Check List: Have you enclosed and completed all required information?

(Lista Comprobada: ¿A Usted Incluido y Completado Toda la Información Requerida en la Aplicación?)

- All Items on Application *(Todo Artículos en la Aplicación)*
 Payment *(Pago)*
 Acceptable Forms of ID *(Identificación Aceptable)*
 Proof of Relationship *(Prueba de Parentesco)*
 Mailing Address Matches ID *(Dirección Postal Coincidente con ID)*

FOR STATE USE ONLY

Payment Type:	Payment Amount:	ID Viewed:	Processed By
<input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	\$		

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You **MUST** provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application **LEGIBLY** using **ONLY** black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.
5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. **NOTE:** Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.
- 9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you **MUST** show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card 7 to 14 days from now.
17. **WHO CAN SIGN THE APPLICATION?** If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**


SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD		First	Full Middle Name	Last						
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last						
	OTHER NAMES USED										
2	Social Security number previously assigned to the person listed in item 1		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> </table>								
3	PLACE OF BIRTH (Do Not Abbreviate) City		State or Foreign Country		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:15%; text-align:center;">Office Use Only</td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> </table>	Office Use Only					
Office Use Only											
4	DATE OF BIRTH		MM/DD/YYYY								
5	CITIZENSHIP (Check One)		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)								
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		7 RACE Select One or More (Your Response is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian								
8	SEX		<input type="checkbox"/> Male <input type="checkbox"/> Female								
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First	Full Middle Name	Last						
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> </table>								<input type="checkbox"/> Unknown
10	A. PARENT/ FATHER'S NAME		First	Full Middle Name	Last						
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> </table>								<input type="checkbox"/> Unknown
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)										
12	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last						
13	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY								
14	TODAY'S DATE MM/DD/YYYY		15 DAYTIME PHONE NUMBER Area Code Number								
16	MAILING ADDRESS (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No.								
		City	State/Foreign Country		ZIP Code						
17	YOUR SIGNATURE		18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____								
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)											
NPN		DOC	NTI	CAN	ITV						
PBC	EVI	EVA	EVC	PRA	NWR DNR UNIT						
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW							
				DATE							
				DATE							
				DCL	DATE						

CHOOSE PROOF OF ADDRESS

 YOU MUST ALSO PRESENT PROOF OF ADDRESS, WHICH MAY BE, BUT IS NOT LIMITED TO, ONE OF THESE

- Utility or credit card bill issued in the past 90 days that shows your name at your current address.
Note: Mail addressed to P.O. ;boxes not accepted as proof of address (39:3-9a)
- Checking or savings account statement from a bank or credit union, issued in the past 60 days
- High school or college report card or transcript containing your address, issued within the past two years
- Original lease or rental agreement showing your name as the lessee or renter
- Property tax bill, statement or receipt from the past year
- Any letter or correspondence (including tax bills) received from the IRS or state tax office in the last year
- First-class mail received from any federal, state or local government agency in the past six months
- If you are under 18, then we will accept a Parent or Guardian Certification that verifies you are living with a parent or guardian

SOCIAL SECURITY NUMBER

To complete 6 Point ID Verification, the MVC will verify that your Social Security number matches your name and birth date on record with the Social Security Administration database.

Get It Right the First Time

Every ID document you show must be an original or certified copy with the official state or municipal seal. If any documents do not meet this requirement, or if any documents appear altered or false or are deemed invalid for any reason, you may be required to submit additional documentation.

New Jersey law requires you to submit your Social Security number.

Questions?

The NJ Motor Vehicle Commission is ready to serve you like never before. Visit the MVC online at www.njmvc.gov, or call the MVC toll-free in New Jersey at (888) 486-3339. Out-of-state, dial (609) 292-6500. For license suspensions and restorations, dial (609) 292-7500.

Customer service representatives are available from 8:30 AM to 4:15 PM, Monday through Friday.

Three Easy Choices

The MVC accepts hundreds of different documents, but some are much more common than others. Try one of these combinations to pass 6 Point ID Verification:

Changed your last name through marriage?

- Civil birth certificate (4 pts, primary)
- Civil marriage certificate (3 pts, secondary)
- Utility bill less than 90 days old (address verification)

Using a US Passport?

- US Passport (4 pts, primary)
- Current NJ photo driver license (1 pt, secondary)
- ATM card with name and signature (1 pt, secondary)
- Credit card bill less than 90 days old (address verification)

New driver?

- Civil birth certificate (4 pts, primary)
- Social Security card (1 pt, secondary)
- Bank statement or record (1 pt, secondary)
- Parent/guardian address verification



It's about protecting us all

Be prepared before you get in line for a:

- New Jersey driver license
- Permit
- Non-driver ID card
- Boat license



It's about protecting us all



R0209 IDB1



www.njmvc.gov



Requirements:

- At Least One Primary Document
- At Least One Secondary Document
- Verifiable Social Security Number
- Proof of Address

* IMPORTANT INFORMATION

If your current legal name is different from the name on your civil birth certificate (e.g., your maiden name), then you must show legal proof of the name change. Legal proof = Certified marriage or civil union certificate, divorce decree or court order linking the new name with a previous name. Note: A divorce decree may be used as authority to resume using a previous name only if it contains the new name and the previous name and permits a return to use of the previous name.

Certain documents may require proof of legal US presence. Visit www.njmvc.gov for a list or call (888)486-3339.

All documents must be **original or certified copies, in English, and have the required state and/or municipal seals.** Certified copies of New Jersey records are available from the municipality that originally issued them and from the State Bureau of Vital Statistics at www.nj.gov/health/vital or (609) 292-4087. If your birth certificate is from Jersey City/Hudson County you must check www.nj.gov/health/vital/jersey-city or call (888) 486-3339.

CHOOSE PRIMARY DOCUMENTS

➔ YOU MUST SHOW AT LEAST **ONE** OF THESE

4-POINT DOCUMENTS:

US CITIZENS

- Civil birth certificate* or certified copy from one of the 50 states, District of Columbia or a US territory. Photocopies or certificates from hospitals or religious entities are not accepted.
Please read IMPORTANT INFORMATION above.
- US Department of State birth certificate (Form FS-545, FS 240 or DS-1350)
- US passport, current or expired less than 3 years
- Current US Passport card
- Current NJ digital driver license
- Current NJ digital non-driver ID card
- Current NJ digital boat license
- Valid active duty US military photo ID card
- US adoption papers
- Certificate of naturalization (Form N-550, N-570 or N-578)
- Certificate of citizenship (Form N-560, N-561 or N-645)

NON CITIZENS

[ADDITIONAL REQUIREMENT(S) MAY APPLY; CALL 888-486-3339]

- Foreign passport with INS or USCIS verification and valid record of arrival/departure (Form I-94)
- Foreign passport with INS or USCIS verification and valid Form I-551 stamp
- Current alien registration card (new Form I-551) with expiration date and verification from INS or USCIS
- Refugee travel document (Form I-571)
- US re-entry permit (Form I-327)
- Valid I-94 stamped "Refugee," "Parolee," "Asylee" or "Notice of Action" (Form I-797 approved petition) by INS or USCIS
- Valid I-94 with attached photo stamped "Processed for I-551..." by INS or USCIS

3 - POINT DOCUMENTS:

- Current photo employment authorization card (Form I-688B or I-766).
Must be presented with valid Social Security card.

2- POINT DOCUMENTS:

- Current alien registration card (old Form I-551) without expiration date and with INS or USCIS verification
- Photo temporary resident card (Form I-688)

CHOOSE SECONDARY DOCUMENTS

➔ YOU MUST SHOW AT LEAST **ONE** OF THESE

3-POINT DOCUMENTS:

- Civil marriage, domestic partnership or civil union certificate issued by the municipality or state in which the ceremony occurred. Please note: Photocopies or certificates issued by religious entities are not acceptable
- Order or decree of divorce, dissolution or termination*
- Court order for a legal name change, signed by a judge or court clerk
- Current US military dependent card
- US military photo retiree card
- Valid NJ firearm purchaser card

2-POINT DOCUMENTS:

- US school photo ID card with transcript or school records
- US college photo ID card with transcript
- Valid federal, state or local government employee driver license
- Valid federal, state or local government employee photo ID card
- US military discharge papers (DD214)
- FAA pilot license

1-POINT DOCUMENTS:

[YOU CANNOT USE MORE THAN TWO OF THESE]

- Current/expired less than one year non-digital NJ PHOTO driver license
- Current PHOTO driver license from any other state or the District of Columbia
- Social Security card
- Bank statement or record
- ATM card with preprinted name and applicant's signature. (Please note: An ATM card and bank statement cannot be submitted together.)
- Current health insurance card, prescription card
- Employee ID card with printed pay stub
- State professional license
- NJ public assistance card with photo (also known as a NJ Social Services ID card)
- High school diploma, GED or college diploma
- Property tax statement, bill or receipt issued by a New Jersey municipality
- For NJ high school students: a waiver certificate for the written portion of the driver's test
- Veterans Affairs universal access photo ID card

Do you have 6 points?

POINTS OF PRIMARY DOCUMENTS + POINTS OF SECONDARY DOCUMENTS = TOTAL



**APPLICATION FOR A U.S. PASSPORT
NAME CHANGE, DATA CORRECTION, AND LIMITED PASSPORT BOOK REPLACEMENT**

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

Date of Application: _____

CAN I USE THIS FORM?

Complete this checklist to determine your eligibility to use this form

I have changed my name since my most recent U.S. passport book and/or passport card was issued less than one year ago;

Yes No

OR

My identifying information in my most recent U.S. passport book and/or U.S. passport card was printed incorrectly;

Yes No

OR

My most recent, full-fee U.S. passport book was limited in validity and was issued less than one year ago.

Yes No

**If you answered NO to ALL of the three statements above,
STOP - You cannot use this form!**

You must apply on application form DS-11 or DS-82 depending on your circumstances. Please refer to those forms, visit travel.state.gov, or contact the National Passport Information Center for further information.

U.S. PASSPORTS, EITHER IN BOOK OR CARD FORMAT, ARE ISSUED ONLY TO U.S. CITIZENS OR NON-CITIZEN NATIONALS. EACH PERSON MUST OBTAIN HIS OR HER OWN PASSPORT BOOK OR PASSPORT CARD. THE PASSPORT CARD IS A U.S. PASSPORT ISSUED IN CARD FORMAT. LIKE THE TRADITIONAL PASSPORT BOOK, IT REFLECTS THE BEARER'S ORIGIN, IDENTITY, AND NATIONALITY AND IS SUBJECT TO EXISTING PASSPORT LAWS AND REGULATIONS. UNLIKE THE PASSPORT BOOK, THE PASSPORT CARD IS VALID ONLY FOR ENTRY TO THE UNITED STATES AT LAND BORDER CROSSINGS AND SEA PORTS OF ENTRY WHEN TRAVELING FROM CANADA, MEXICO, THE CARIBBEAN, AND BERMUDA. THE U.S. PASSPORT CARD IS NOT VALID FOR INTERNATIONAL AIR TRAVEL.

FOR INFORMATION, QUESTIONS, AND INQUIRIES:

Please visit our website at travel.state.gov. In addition, you may contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD: 1-888-874-7793) or by email at NPIC@state.gov. Customer Service Representatives are available Monday-Friday 8:00a.m.-10:00p.m. Eastern Time (excluding federal holidays.) Automated information is available 24/7.

FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM, INCLUDING YOUR SOCIAL SECURITY NUMBER, MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR THE DENIAL OF YOUR APPLICATION.

NOTICE TO APPLICANTS RESIDING ABROAD

United States citizens residing abroad CANNOT submit this form to the domestic address listed on the Instruction Page 2. Such applicants should contact the nearest U.S. embassy or consulate for procedures to be followed when applying overseas.

WARNING: False statements made knowingly and willfully in passport applications, including affidavits or other documents submitted to support this application, are punishable by fine and/or imprisonment under U.S. law, including the provisions of 18 USC 1001, 18 USC 1542, and/or 18 USC 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 USC 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 USC 1544. All statements and documents are subject to verification.

See page 2 of the instructions for detailed information on the completion and submission of this form.

If you choose to provide your email address in Item #6 on this application, Passport Services will use that information to contact you in the event there is a problem with your application or if you need to provide information to us.

WHAT DO I SEND WITH THIS APPLICATION FORM?

1. Your most recent U.S. passport book and/or passport card.
2. A recent, color photograph.

● Submit a color photograph of you alone, sufficiently recent to be a good likeness of you (normally taken within the last six months), and 2x2 inches in size. The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of your face, and printed on thin paper with plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Headphones, "bluetooth", or similar devices must not be worn in passport photographs. Any photographs retouched so that your appearance is changed are unacceptable. Snapshots, most vending machine prints, and magazine or full-length photographs are unacceptable. Digitized photos must meet the previously stated qualifications and will be accepted for use at the discretion of Passport Services. (Visit our website at travel.state.gov for details and information.)

3. Evidence to support a name change or other change in descriptive data.

● If your name has changed, the name change document you must submit may be a certified copy of your marriage certificate or a certified copy of a court order showing a seal and officiate/judge signature. If you are unable to document your name change in this manner, you must apply on the DS-11 application form by making a personal appearance at (1) a passport agency; (2) U.S. embassy or consulate, if abroad; (3) any federal or state court of record or any probate court accepting passport applications; (4) a designated municipal or county official; or (5) a post office which has been selected to accept passport applications.

● If there is a change or an error in the descriptive data in your recently issued passport, you must submit the appropriate evidence showing the correct information (e.g. certified birth certificate or certified marriage certificate as described above).

● All documentary evidence that is not damaged, altered, or forged will be returned to you.

PLEASE NOTE: If you are re-applying because your U.S. passport book was limited in validity due to a lack of citizenship evidence or identity, please submit the necessary document as specified by Passport Services. Passports limited in validity due to multiple losses cannot be extended. Please contact the National Passport Information Center for detailed information and instructions.

HOW DO I APPLY USING THIS FORM?

1. Complete, sign and date this form.
2. Send this form with your most recent U.S. passport book and/or passport card, any required additional evidence, and a recent color photograph.

MAIL FORM TO:

FOR ROUTINE SERVICE:
National Passport Processing Center
Post Office Box 90107
Philadelphia, PA 19190-0107

FOR EXPEDITED SERVICE (Additional Fee):
National Passport Processing Center
Post Office Box 90907
Philadelphia, PA 19190-0907

Because of the sensitivity of the enclosed documents, Passport Services recommends using trackable mailing service when submitting your application.

IS THERE A FEE ASSOCIATED WITH THIS FORM AND HOW WILL MY NEW PASSPORT BOOK AND/OR PASSPORT CARD BE MAILED BACK TO ME?

There is no fee associated with the use of this form unless expedited service is requested (see below). Your re-issued passport book and/or passport card and any documentary evidence submitted to Passport Services will be returned to you by priority or first class mail, unless overnight delivery is requested. You may receive your newly issued document and your returned citizenship evidence in separate mailings. If you are applying for both a passport book and card you may receive three separate mailings; one with your returned citizenship evidence; one with your newly issued passport book, and one with your newly printed passport card.

OVERNIGHT DELIVERY SERVICE: If you desire overnight delivery service for the return of your passport, include the appropriate fee with your payment.

FASTER PROCESSING: For an additional fee, you may request expedited service. Please include this fee in your payment and submit the application to the appropriate address. Please write "Expedite" on the outer envelope when mailing. **ALSO, TO ENSURE MINIMAL PROCESSING TIME** for expedited applications, Passport Services recommends using overnight delivery when submitting the application **AND** including the appropriate postage fee for return overnight delivery for the completed passport. Expedited service is only available in the United States. Please visit travel.state.gov for updated information regarding fees and processing times.

Enclose the expedite and/or overnight delivery fee in the form of a personal check or money order. **MAKE CHECKS PAYABLE TO "DEPARTMENT OF STATE." THE FULL NAME AND DATE OF BIRTH OF THE APPLICANT MUST BE TYPED OR PRINTED ON THE FRONT OF THE CHECK. DO NOT SEND CASH.** Passport Services cannot be responsible for cash sent through the mail. By law, the fees are non-refundable. Please visit our website at travel.state.gov for detailed information regarding current fees.

NOTE REGARDING MAILING ADDRESSES: Passport Services will not mail a passport to a private address outside the United States. If you do not live at the address listed in the "mailing address" then you must put the name of the person and mark it as "In Care Of." If your mailing address changes prior to receipt of your new passport, please contact the National Passport Information Center.

FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 USC 6039E) requires you to provide your Social Security Number (SSN), if you have one, when you apply for a U.S. passport or renewal of a U.S. passport. If you have not been issued a SSN, enter zeros in box #5 of this form. If you are residing abroad, you must also provide the name of the foreign country in which you are residing. The Department of State must provide your SSN and foreign residence information to the Department of Treasury. If you fail to provide the information, you are subject to a \$500 penalty enforced by the IRS. All questions on this matter should be directed to the nearest IRS office.

NOTICE TO CUSTOMERS APPLYING OUTSIDE A STATE DEPARTMENT FACILITY

If you send us a check, it will be converted into an electronic funds transfer (EFT). This means we will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually occur within 24 hours and will be shown on your regular account statement.

You will not receive your original check back. We will destroy your original check, but we will keep the copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, we may try to make the transfer up to two times and we will charge you a one-time fee of \$25, which we will also collect by EFT.

REMITTANCE OF FEES

Passport service fees are established by law and regulation (see 22 USC 214, 22 CFR 22.1, and 22 CFR 51.50-56) and are collected at the time you apply for the passport service. If the Department fails to receive full payment of the applicable fees because, for example, your check is returned for any reason or you dispute a passport fee charge to your credit card, the Department of State will take action to collect the delinquent fees from you under 22 CFR Part 34 and the Federal Claims Collection Standards (see 31 CFR Parts 900-904). In accordance with the Debt Collection Improvement Act (Pub.L. 104-134), if the fees remain unpaid after 180 days and no repayment arrangements have been made, the Department will refer the debt to the Department of Treasury for collection. Debt collection procedures used by Treasury may include referral of the debt to private collection agencies, reporting of the debt to credit bureaus, garnishment of private wages and administrative offset of the debt by reducing or withholding eligible federal payments (e.g. tax refunds, social security payments, federal retirement, etc.) by the amount of your debt, including any interest penalties or other costs incurred. In addition, non-payment of passport fees may result in the invalidation of your passport. An invalidated passport cannot be used for travel.

OTHER USES OF SOCIAL SECURITY NUMBERS

Your Social Security Number will be provided to Treasury, used in connection with debt collection, and checked against lists of persons ineligible or potentially ineligible to receive a U.S. passport, among other authorized uses.

PAPERWORK REDUCTION STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20520-2202.

IMPORTANT NOTICE TO APPLICANTS WHO HAVE LOST OR HAD A PREVIOUS PASSPORT BOOK AND/OR PASSPORT CARD STOLEN

A United States citizen may not normally bear more than one valid or potentially valid U.S. passport book or more than one valid or potentially valid U.S. passport card at a time. Therefore, when a valid or potentially valid U.S. passport book or U.S. passport card cannot be presented with a new application, it is necessary to submit a Form DS-64, Statement Regarding a Lost or Stolen Passport. Your statement must detail why the previous U.S. passport book or U.S. passport card cannot be presented.

The information you provide regarding your lost or stolen U.S. passport book or passport card will be placed into our Consular Lost or Stolen Passport System. This system is designed to prevent the misuse of your lost or stolen U.S. passport book or passport card. Anyone using the passport book or passport card reported as lost or stolen may be detained upon entry into the United States. Should you locate the U.S. passport book or passport card reported lost or stolen at a later time, report it as found and submit it for cancellation. It has been invalidated. You may not use that passport book or passport card for travel.

PROTECT YOURSELF AGAINST IDENTITY THEFT! REPORT YOUR LOST OR STOLEN PASSPORT BOOK OR PASSPORT CARD!

For more information or to report your lost or stolen passport book or passport card by phone, call NPIC or visit our website at travel.state.gov.

ACTS OR CONDITIONS

(If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, the portion which applies should be lined out, and a supplementary explanatory statement under oath (or affirmation) by the applicant should be attached and made a part of this application.) I have not, since acquiring United States citizenship/nationality, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States, or before a diplomatic or consular officer of the United States in a foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down, or to destroy by force, the government of the United States.

Furthermore, I have not been convicted for a federal or state drug offense or convicted for "sex tourism" crimes statute and I am not the subject of an outstanding federal, state or local warrant of arrest for a felony; a criminal court order forbidding my departure from the United States; a subpoena received from the United States in a matter involving federal prosecution for, or grand jury investigation of, a felony.

PRIVACY ACT STATEMENT

AUTHORITIES: Collection of the information solicited on this form is authorized by Titles 8, 22, and 26 of the United States Code, and other applicable laws and regulations, including 22 USC 211a et seq.; 8 USC 1104; 26 USC 6039E, Section 236 of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001; Executive Order 11295 (August 5, 1966); and 22 CFR parts 50 and 51.

PURPOSE: The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a U.S. passport.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies and private contractors to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement, fraud prevention, border security, counterterrorism, litigation activities, and administrative purposes. The information may be made available to foreign government agencies to fulfill passport control and immigration duties. The information may also be provided to foreign government agencies, international organizations and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address potential violations of law or to further the Secretary's responsibility for the protection of U.S. citizens and non-citizen nationals abroad. The information may be made available to the Department of Homeland Security and private employers for employment verification purposes. For a more detailed listing of the routine uses to which this information may be put see the Department of State's Prefatory Statement of Routine Uses relative to the Privacy Act (Public Notice 6290 of July 15, 2008) and the listing of routine users set forth in the System of Records Notices for Overseas Citizen Services Records (State-05) and Passport Records (State-26) published in the Federal Register.

Your social security numbers will be provided to the U.S. Department of Treasury and failure to provide it may subject you to a penalty, as described in the Federal Tax Law provision. It also may be used for identification verification for passport adjudication and in connection with debt collection, among other purposes as authorized and generally described in this section. Providing your social security number and other information requested on this form otherwise is voluntary, but failure to provide the information requested on this form may result in processing delays or the denial of your U.S. passport application.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Failure to provide the information requested on this form may result in Passport Services' refusal to accept your application or result in the denial of a U.S. passport.

ELECTRONIC PASSPORT STATEMENT

The Department of State now issues a type of passport book containing an embedded electronic chip and called an "Electronic Passport". The electronic passport book continues to be proof of the bearer's United States citizenship/nationality and identity, and looks and functions in the same way as a passport without a chip. The addition of an electronic chip in the back cover enables the passport book to carry a duplicate electronic copy of all information from the data page. The electronic passport book is usable at all ports-of-entry, including those that do not yet have electronic chip readers.

Use of the electronic format provides the traveler the additional security protections inherent in chip technology. Moreover, when used at ports-of-entry equipped with electronic chip readers, the electronic passport book provides for faster clearance through some of the port-of-entry processes.

The electronic passport book does not require special handling or treatment, but like previous versions should be protected from extreme heat, bending, and from immersion in water. The electronic chip must be read using specially formatted readers, which protects the data on the chip from unauthorized reading.

The cover of the electronic passport book is printed with a special symbol representing the embedded chip. The symbol  will appear in port-of-entry areas where the electronic passport book can be read.

NOTICE TO APPLICANTS FOR OFFICIAL, DIPLOMATIC, OR NO-FEE PASSPORTS

You may use this application if you meet all of the provisions listed on Instruction Page 2, however you must CONSULT YOUR SPONSORING AGENCY FOR INSTRUCTIONS ON PROPER ROUTING PROCEDURES BEFORE FORWARDING THIS APPLICATION. Your completed passport will be released to your sponsoring agency for forwarding to you.



APPLICATION FOR A U.S. PASSPORT

NAME CHANGE, DATA CORRECTION, AND LIMITED PASSPORT BOOK REPLACEMENT

Please Print Legibly Using Black Ink Only

OMB APPROVAL NO. 1405-0160
 EXPIRATION DATE: 12-31-2013
 ESTIMATED BURDEN: 30 MIN

Attention: Read WARNING on page 1 of instructions
 Please select the document(s) for which you are applying:

U.S. Passport Book U.S. Passport Card Both

The U.S. passport card is not valid for international air travel. For more information see page 1 of instructions.

28 Page Book (Standard) 52 Page Book (Non-Standard)

Note: The 52 page option is for those who frequently travel abroad during the passport validity period and is recommended for applicants who have previously required the addition of visa pages.

D O DP DOTS Code _____

End. # _____ Exp. _____

1. Name Last _____

First _____ Middle _____

2. Date of Birth (mm/dd/yyyy) _____ 3. Sex M F 4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.) _____

5. Social Security Number _____ 6. Email Address (e.g. my_email@domain.com) _____ 7. Primary Contact Phone Number _____

@

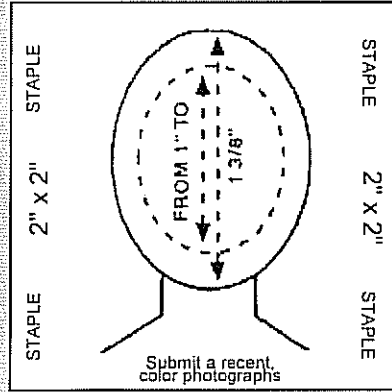
8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB. _____

Address Line 2: Clearly label Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g. In Care Of - Jane Doe, Apt # 100) _____

City _____ State _____ Zip Code _____ Country, if outside the United States _____

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.)

A. _____ B. _____



10. Passport Book and/or Passport Card Information

Your name as listed on your most recent passport book and/or passport card _____

Most recent passport book number _____ Book Issue Date (mm/dd/yyyy) _____

Most recent passport card number _____ Card Issue Date (mm/dd/yyyy) _____

CONTINUE TO PAGE 2 ➔

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on the reverse side of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.

x _____
 Applicant's Signature - age 16 and older

x _____
 Parent's/Legal Guardian's Signature

_____ Date

FOR ISSUING OFFICE ONLY

Name Change Replacement Correction: LName FName MName DOB Sex POB Other

From: _____

To: _____

BC Nat/Citz Cert Report of Birth Prev PPT MC Adoption C/O NC C/O PIERS Other

Filed/Issued/Place: _____ Doc #: _____

Other: _____

Attached: _____

EF _____ Postage _____ Other _____



Name of Applicant (Last, First & Middle) _____ Date of Birth (mm/dd/yyyy) _____

11. Height _____ 12. Hair Color _____ 13. Eye Color _____ 14. Occupation (if age 16 or older) _____ 15. Employer or School (if applicable) _____

16. Additional Contact Phone Numbers
Home Work _____ Cell _____ Home Work _____ Cell _____

17. Permanent Address: If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.
Street/RFD # or URB (No P.O. Box) _____ Apartment/Unit _____
City _____ State _____ Zip Code _____

18. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.
Name _____ Address: Street/RFD # or P.O. Box _____ Apartment/Unit _____
City _____ State _____ Zip Code _____ Phone Number _____ Relationship _____

19. Travel Plans
Date of Trip (mm/dd/yyyy) _____ Duration of Trip _____ Countries to be visited _____

Please complete the following questions regarding your current passport book and/or passport card

Has your name changed by marriage or court order since your passport book or passport card was issued?
 Yes No
Current Name Last _____
First _____ Middle _____
If yes, please complete this section with your current information.
Note: To complete a name change your submitted passport book and/or passport card must be less than one year old.
Please submit evidence documenting your name change (such as a certified marriage certificate or court order) and your current passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions.

Was your identifying information printed incorrectly in your passport book or passport card?
 Yes No
Name Last _____
First _____ Middle _____
Date of Birth (mm/dd/yyyy) _____ Sex M F Place of Birth (State or Country) _____
If yes, please complete the information as it should appear, and check only the box(s) next to the field(s) to be corrected.
Please submit evidence documenting your correct identifying information (such as a certified marriage certificate or birth certificate) and your current passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions.

Was your most recent passport limited for one year or less?
 Yes No
If yes, please submit evidence of your United States citizenship and/or evidence of your identity.
Note: To complete a limited passport book replacement your submitted passport book must not be expired. Passport books limited in validity because of multiple losses cannot be extended.
Please be sure to enclose your passport book along with this application to the address listed on page 2 of the instructions.

