

1. Petitions

- a. Fill out first page and deliver to your county **county prothonotary** with other pages left blank:
 - i. Cumberland: 1 Courthouse Square # 100, Carlisle, PA 17013
 1. Fee: **\$120.50**
 - ii. Dauphin: 101 Market St, Room 101 Harrisburg, PA 17101
 1. Fee: **\$202.00**
 - iii. That first page is your petition for a court date. The other forms are for the court to fill out and should be delivered blank
- b. Usually within two weeks, the judge can approve your petition and set a court date 90 days out from when the petition was filed
- c. The judge will also order you to do a few things:
 - i. Lien Search
 1. This is largely a search conducted by the county to ensure you aren't avoiding tax debts. Call the prothonotary and explain you need a lien search for a name change.
 2. Cumberland: \$21.50 for municipal and \$21.50 for federal so a total of **\$43.00**
 3. Dauphin: \$15 for municipal and \$15 for federal for a total of **\$30.00**
 - ii. Fingerprint Card
 1. This is done at your municipal police office; you can simply call them and explain you need a fingerprint card for a court petition
 2. Bring the fingerprint card included in this packet
 3. Fees can vary here, but are rarely more than **\$50.00**
- d. Publication
 - i. The last form in the petition packet will be filled out the judge; this is your proof of a court date and intent to change your name
 - ii. You must provide copies of this to **two** publications within **two weeks** of your court date
 - iii. Cumberland County
 1. Pennlive: Email a copy of that page from the court to legals@pennlive.com with a brief explanation of when you need it published by
 2. They will respond with a price and an order confirmation
 3. Call (717)255-8119 and provide your order number. They will ask you to pay with a card
 - a. Fee: **\$112.04**
 4. Cumberland Law Journal: Email your intent and court date announcement to CLJ@cumberlandbar.com or call (717)249-3166 and ask for instructions
 5. They will review your notice and charge a fee paid by mailed check
 - a. Fee: **\$90.00**

- iv. Dauphin County:
 - 1. Pennlive: Email a copy of that page from the court to legals@pennlive.com with a brief explanation of when you need it published by
 - 2. They will respond with a price and an order confirmation
 - 3. Call (717)255-8119 and provide your order number. They will ask you to pay with a card
 - a. Fee: **\$112.04**
 - 4. Dauphin County Reporter
 - a. Mail check and text of notice to:
 - i. 213 North Front Street, Harrisburg, PA 17101
 - b. Fee: **\$90.00**
- e. Court Date
 - i. What To Bring (**BRING THREE COPIES AT LEAST**)
 - 1. Fingerprint Card
 - 2. Proof of Publication
 - 3. Petition Paperwork
 - 4. Doctor's Letter
 - a. Not really required but can help answer questions/concerns
 - ii. Arrive to court at least one hour early
 - 1. They may ask for another lien search or other such hoops
 - iii. **They will provide you with a legal name change notice with a raised seal**
 - 1. **THIS IS YOUR GOLDEN TICKET**
 - 2. **GO IMMEDIATELY TO PROTHONOTARY AND MAKE MULTIPLE CERTIFIED COPIES**
 - a. Fee: **\$10.00** per copy

NOW FOR THE FUN PART:

1. Driver's License
 - a. Name: Bring DL-80CD and a certified copy of name change
 - b. Gender Marker: Have your doctor fill out Part C of DL-32 and bring it with certified copy of name change
2. Vehicle Registration
 - a. Bring MV-41A, changed license, and certified copy of name change
3. Social Security Card
 - a. Bring Social Security form, **original** copy of name change, new license, and letter from doctor
 - i. Technically only the form and court order are required but the letter helps move things along
 - b. They will mail a corrected card to you
 - i. Point of note: **DO NOT CHANGE NAME WITH EMPLOYER UNTIL YOU HAVE CHANGED SSN**
4. Birth Certificate
 - a. Pennsylvania
 - i. Mail
 1. Copy of new license
 2. Copy of SSN
 3. Correction form (attached)
 4. Application for Certified Copy (attached)
 5. Physician Letter
 6. Check for **\$20.00** made payable to
 7. Division of Vital Records 101 S. Mercer Street P.O. Box 1528 New Castle, PA 16103
 - ii. Online: Visit www.health.pa.gov/MyRecords/Certificates
 - b. Other States
 - i. A good bet is to call the Office of Vital Records or the Department of State and they can point you in the right direction
 - ii. Visit www.lambdalegal.org/know-your-rights/article/trans-changing-birth-certificate-sex-designations for state-specific information
5. Passports
 - a. You will need an existing passport
 - b. If current passport is less than year old
 - i. Mail DS-5504, current passport, two color photographs of yourself, and certified copy of court order to National Passport Processing Center Post Office Box 90107 Philadelphia, PA 19190-0107
 - c. If current passport is more than one year old

- i. Mail DS-82, most recent passport, two color photographs of yourself, and certified copy of court order to National Passport Processing Center Post Office Box 90107 Philadelphia, PA 19190-0107

6. Others to Consider:

- a. Banks/Credit Cards
 - b. Utilities
 - c. Insurance Companies
 - d. Medical Records
 - e. College/High School Transcripts
7. And remember **DO NOT CHANGE NAME WITH EMPLOYER/CONTRACTS UNTIL YOU HAVE CHANGED SSN**

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA
CIVIL DIVISION -LAW

IN THE MATTER OF
PETITION FOR CHANGE OF NAME OF

:
:
:
: NO: _____

PETITION FOR CHANGE OF NAME

Petitioner _____, requests that this Court order a change of the petitioner's name, pursuant to 54 Pa. Cons. Stat. Section 701, et seq., and in support thereof makes the following the averments:

1. The petitioner was born on _____, 19__ and is over the age of twenty-one years.

2. During the five years preceding the filing of this petition, the petitioner has resided in the following places:

DATE ADDRESSES

3. There are no judgments or decrees pending against the petitioner.

4. The Petitioner requests that his/her name be changed from _____ to _____
_____.

5. The reasons for the requested change of name are _____

WHEREFORE, the petitioner respectfully requests that this Court enter an Order changing his/her name from _____ to _____.

Petitioner

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA
CIVIL DIVISION -LAW

IN THE MATTER OF
PETITION FOR CHANGE OF NAME OF

:
:
:
: NO: _____

ORDER

AND NOW, this _____ day of _____, 20____, upon the motion of the petitioner, it is ORDERED that a hearing on the Petition for Change of Name is fixed for _____, 20__ at _____ .m., in Room ____ of _____ County Courthouse, _____, Pennsylvania.

The petitioner is directed to give notice of the filing of the petition and of the date of the hearing by publication in two newspapers of general circulation in this County, one of which may be the official paper for the publication of legal notices in this county.

By the Court:

Presiding Judge

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA
CIVIL DIVISION -LAW

IN THE MATTER OF
PETITION FOR CHANGE OF NAME OF

:
:
:
: NO: _____

NOTICE

Notice is hereby given that on _____, 20____, the petition of _____ was filed in the above named Court, requesting an order to change the name of _____ to _____.

The Court has fixed the day of _____, 20____, at ____m., in Room ____, of _____ Courthouse, _____, Pennsylvania as the time and place for the hearing on said petition, when and where all interested parties may appear and show cause, if any, why the request of the petitioner should not be granted.

By the Court:

Presiding Judge

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA
CIVIL DIVISION -LAW

IN THE MATTER OF
PETITION FOR CHANGE OF NAME OF

:
:
:
: NO: _____

ORDER

AND NOW, this ___ day of _____, 20 __, upon consideration of the attached petition of _____ for change of name, and upon presentation of proof of publication of notice as required by law, with proof that there are no judgments or decrees of record or any other matter of like character against petitioner, and it appearing that there is no lawful objection to the request of the petitioner, it is hereby ORDERED that the name of petitioner _____ is changed to _____.

By the Court:

Presiding Judge

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

LAST NAME NAM FIRST NAME MIDDLE NAME

FD-258 (Rev. 5-15-17) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH

POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

CLASS

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306

1110-0046

1. LOOP



CENTER
OF LOOP

DELTA

THE LINES BETWEEN CENTER OF
LOOP AND DELTA MUST SHOW

2. WHORL



DELTAS

THESE LINES RUNNING BETWEEN
DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

APPLICANT

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation. **Ensure all information is typed or legibly printed using blue or black ink.**

Enter data within the boundaries of the designated field or block.

Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- * The required fields for hard copy civil fingerprint cards are: ORI, Date of Birth, Place of Birth, NAM, Sex, Date fingerprinted, Reason Fingerprinted, and proper completion of fingerprint impression boxes.

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two retabs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Biometric Services Section's Customer Service Group at (304) 625-5590 or by e-mail at <identity@fbi.gov>.

Social Security Account Number (SSAN): Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance, the SSAN is solicited pursuant to 28 U.S.C 534 and will be used as a unique identifier to confirm your identity because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprints repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

PAPERWORK REDUCTION ACT NOTICE

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0046. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.

INSTRUCTIONS:

- * 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI. UNIVERSAL CONTROL NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- ** 3. MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

IN THE COURT OF COMMON PLEAS
OF XXX COUNTY
PENNSYLVANIA

Docket No: Number from top of court order

PETITION FOR CHANGE OF NAME

NOTICE

NOTICE IS HEREBY GIVEN that on (date in first line of court order), the Petition of (Name as filed on petition) was filed in the above named court, requesting a decree to change his/her name from (current name) to (new name).

The Court has fixed (day of week and date of hearing) at (time of hearing) in Courtroom No. (# of Courtroom), (floor of courtroom), at the (building of hearing), (Street Address), Harrisburg, PA as the time and place for the hearing on said Petition, when and where all persons interested may appear and show cause if any they have, why the prayer of the said Petition should not be granted.

Attorney _____

The charge for publication in the Reporter is \$90.00. Please send your check with your notice to the Dauphin County Reporter, 213 North Front Street, Harrisburg, PA 17101. **You must publish at least 14 DAYS BEFORE your hearing. Deadline is 12:00 noon on Tuesday for publication on Friday. Please note, we publish on FRIDAY only.**

****Please note, if your hearing is less than 2 weeks (14 days) from our next publication date, we cannot run your ad as it would be a violation of a court order.**

You must also publish in a paper of GENERAL CIRCULATION. Below are just some of those papers:

PA Medial Group (Patriot News/PennLive)
2020 Technology Parkway, Ste 300
Mechanisburg, PA 17050
(717) 255-8119
legals@pennlive.com

Paxton Herald
101 Lincoln Street
Harrisburg, PA 17112
(717) 545-9540
<http://www.thepaxtonherald.com/>

or

Central Pennsylvania Business Journal
1500 Paxton Street
Harrisburg, PA 17104
(717) 236-4300
<http://www.cpbj.com/>



COMMERCIAL DRIVER'S LICENSE APPLICATION TO DUPLICATE/CORRECT

Federal Regulation requires CDL holders to provide in person proof of citizenship or Legal Presence. For more information please see back of form.

Bureau of Driver Licensing • P.O. Box 68272 • Harrisburg, PA 17109-8272

A PLEASE READ IMPORTANT INFORMATION ON THE BACK. YOU MUST COMPLETE ALL PARTS OF SECTION A.

Form section A containing fields for Driver's License Number, LAST NAME, JR/ETC., FIRST NAME, MIDDLE NAME, DATE OF BIRTH, TELEPHONE NUMBER, and E-MAIL ADDRESS.

B APPLICATION FOR DUPLICATE (Check One)

Form section B containing checkboxes for CDL Learner's Permit, CDL Camera Card, CDL Photo License, School Bus Driver Endorsement Card, and Duplicate Required Due To (Lost, Stolen, etc.). Includes ORGAN DONOR DESIGNATION section.

C CHANGE OR CORRECTION ONLY (Important information on reverse side)

ADDRESS CHANGE - Proof of Address must be provided, see reverse side. A Post Office Box number may be used in addition to the actual residence address, but cannot be used as the only address. See reverse if using an out-of-state address.

Form section C containing fields for STREET ADDRESS, CITY, STATE (PA), and ZIP CODE. Includes a question about voter registration in PA.

Form section C containing NAME CHANGE information, including REASON (MARRIAGE, DIVORCE, OTHER) and fields for LAST NAME, JR., ETC., FIRST NAME, and MIDDLE NAME.

Form section C containing OTHER CHANGES, including EYE COLOR, CORRECTION OF DATE OF BIRTH, HEIGHT, and DROP PRIVILEGE (Class M, Hazmat Endorsement).

D No person may hold more than one valid license at any time. If you have a license from another state, do not use this form. YOU MUST go to a Driver License Examination Center to surrender your out-of-state license and make application for a replacement PA license.

Form section D containing questions about license suspension/revocation and pending criminal charges. Includes a warning about misrepresentation.

E AUTHORIZATION AND CERTIFICATION THIS SECTION MUST BE NOTARIZED

Form section E containing authorization text, signature lines for APPLICANT'S SIGNATURE IN INK and SIGNATURE OF PERSON ADMINISTERING OATH, and a NOTARY SIGNATURE area.

Form section E containing PAID BY (Check, Money Order) and TOTAL fields.

OUT-OF-STATE ADDRESS CHANGE. We may not issue driver license products to an out-of-state address, except in the case of an employee of federal or state government, armed forces personnel, or their families, whose workplace is located outside of Pennsylvania. If this exception applies to you, please check the appropriate box and include documentation of your status with this application.

Attach a letter from your employer on their letterhead to document your status, or attach a copy of your current Photo ID issued by your employer. If you are the immediate family of a person meeting one of the allowable exceptions, attach the documentation of the person employed. Additionally, you must indicate your relationship to that person.

I certify that my workplace is located out of state and I am employed by, or am the immediate family of a person employed by:

US Armed Forces Federal Government Pennsylvania State Government

Relationship to person meeting exemption (check one): Spouse Dependent Child

- **Veterans Designation:** You have the opportunity to add the veterans designation to your driver's license, which clearly indicates you are a veteran of the United States Armed Forces. To qualify, you must have served in the United States Armed Forces, including a reserve component or the National Guard, and have been discharged or released from such service under conditions other than dishonorable. If you are requesting to add the veterans designation to your license, make sure you check the box at the top in Section E.
- Return your completed and signed application with your check or money order made payable to "PennDOT", to: **Bureau of Driver Licensing, P.O. Box 68272, Harrisburg, PA 17106-8272.**
- If your license is due to expire within six (6) months, complete form DL-143CD (Renewal of a Commercial Driver's License).
- If you find or recover your original license after you have submitted this application for a duplicate, return the original license with a letter of explanation to: Bureau of Driver Licensing, PO Box 68615, Harrisburg, PA 17106-8615. **After the duplicate is issued, the original license is no longer valid.**

DUPLICATE FEE SCHEDULE

NEVER RECEIVED	Application for a duplicate camera card or a product never received, the form must be notarized . Fees will apply if more than 90 days from date issued.
LEARNER'S PERMIT AND/OR KNOWLEDGE TEST AUTHORIZATION	FEE \$5.00 NOTE: Permit expiration date will remain the same. If your Learners Permit expires within 15 days, you will be required to purchase an extension using a DL-31CD. NOTE: If extending or upgrading your permit, you must surrender your existing permit.
CDL CAMERA CARD	FEE: \$5.00 if photo was not taken with the original camera card and this form must be notarized . <i>If license is endorsed with a Class M, the fee is \$10.00 and this form must be notarized.</i>
CDL PHOTO LICENSE	FEE: \$29.50 - The Bureau will issue one of the following: (this form must be notarized) <ul style="list-style-type: none"> • A camera card, which is a temporary Commercial Driver's License for 60 days, for the purpose of having a photo-image taken at a Photo Driver's License Center • A Commercial Driver's License, complete with the applicant's most recent photo-image <i>If license is endorsed with Class M, the fee is \$34.50 and this form must be notarized.</i>
SCHOOL BUS ENDORSEMENT	NO FEE
ORGAN DONATION DESIGNATION	When you are adding or removing the Organ Donor designation a duplicate fee is required. Refer to fees above.
ORGAN DONATION AWARENESS TRUST FUND (ODTF)	You have the opportunity to contribute \$1.00 to the Fund. The additional \$1.00 contribution must be added to your payment. You must also check the block provided to ensure proper handling of your contribution. The ODTF provides for the development and implementation of donor awareness programs and funds shall be appropriated subject to the approval of the Governor.
VETERANS' TRUST FUND (VTF)	You have the opportunity to make a tax deductible contribution to the VTF. Your contribution will help support programs and projects for Pennsylvania veterans and their families. Since this additional \$3.00 is not part of the fee, please add the donated amount to your payment. Also, please check the proper block on the form to ensure your contribution is handled properly.

NAME CHANGE - If you desire to use your birth name, you must present your state issued birth certificate with a raised seal. If your name changed by permission of court, you must present a Certified Copy of the Court Order. If you desire to use your spouse's surname, you must present your marriage certificate. If you desire to use another name, you must present your Social Security Card, together with two other sources issued in the desired name such as: Tax Records, Selective Service Card, Voter Registration Card, Passport, any form of Photo I.D. issued by a governmental agency, banking records, or baptismal certificate.

To report errors on your driver's license relating to name, date of birth or social security number, please contact PennDOT's Customer Care Center at 717-412-5300.

If you are required to present supporting documentation to correct your record, all documents must be originals and presented in person at a PennDOT Driver License Center.

- For **NAME** corrections, you must present your state issued birth certificate with a raised seal, a Certified Copy of the Court Order or your marriage certificate.
- For **DATE OF BIRTH** corrections, you must present state issued birth certificate with raised seal.
- For **SOCIAL SECURITY NUMBER** corrections, you must present your Social Security Card.

***Note: All name changes must be made in person at a Driver License Center. All documents must be original.**

CHANGE OF ADDRESS - FEDERAL REGULATIONS HAVE CHANGED: All CDL holders must prove U.S. Citizenship or legal presence and residency. If you are requesting a change of address you must provide one of the following residency documents. To determine if you must appear in person please contact our customer call center at 717-412-5300.

TO MEET RESIDENCY REQUIREMENTS YOU MUST PRESENT ONE OF THE FOLLOWING

- Tax Records
- Lease Agreements
- Mortgage Documents
- W-2 Form (do not mail)
- Current Weapons Permit (U.S. Citizen only)
- Current Utility Bills (water, gas, electric, cable, etc.)

--The proof of residency documents must have your name and official Pennsylvania street address on it.--

ALL DOCUMENTS PRESENTED AT A DRIVER LICENSE CENTER MUST BE ORIGINAL.

PROVISIONS OF SECTION 3709 OF THE VEHICLE CODE

Section 3709 provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth, from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal. For any violation of Section 3709, I may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons present within any vehicle of which I am the driver.



APPLICATION FOR CORRECTION OR CHANGE OF NAME

Side A: Marriage or Divorce - No new title requested.

For Department Use Only
 Bureau of Motor Vehicles • PO Box 68593 • Harrisburg, PA 17106-8593

Side A - No new title will be produced

This side of the application can only be used if the name change is a result of marriage, divorce or pending divorce.

If your vehicle is currently registered and you only want a corrected registration card, but not a corrected certificate of title, or your lienholder participates in the Electronic Lien Title Program, use this side of the application. No fees are required with this option.

If you or your lienholder want a corrected certificate of title, you must use Side B.

REASON FOR NAME CHANGE: Check (✓) appropriate block below

- Marriage:** Attach a copy of your updated PA Driver's License or PA Photo ID showing the desired name.
 - Divorce:** Attach a copy of your updated PA Driver's License or PA Photo ID showing the desired name.
 - Pending Divorce:** Attach a copy of the written notice to resume a prior surname and an updated PA Driver's License or PA Photo ID showing the desired name. The notice must include the caption and docket number of the proceeding in the divorce and be date stamped from the court.
-
- Check here if your title is being held by a lienholder that participates in the Electronic Lien and Titling (ELT) Program. **No Title Will Be Attached.** (Check with your lienholder to determine if they participate in the ELT Program.)

A VEHICLE INFORMATION					
Title Number			Registration Plate Number		
B APPLICANT INFORMATION					
Correct Last Name (or Full Business Name)		First Name	Middle Name	PA DL/Photo ID# or Bus. ID#	Date of Birth
Correct Co-Owner Last Name		First Name	Middle Name	PA DL/Photo ID#	Date of Birth
Current Street Address					
City			State	Zip Code	
C FORMER NAME					
Last Name (or Full Business Name)		First Name	Middle Name		
D CERTIFICATION - I/We hereby certify under penalty of law that all information given on this application is TRUE and CORRECT. (Date must be listed.)					
Signature of Owner or Authorized Signer			Signature of Co-Owner		
Applicant's Telephone Number ()		Date			

Visit us at www.dmv.pa.gov or call us at:

In state: 1-800-932-4600 ♦ TDD: 1-800-228-0676 ♦ Out-of-State: 1-717-412-5300 ♦ TDD Out-of-State: 1-717-412-5380



APPLICATION FOR CORRECTION OR CHANGE OF NAME
Side B: Any reason for name change - New title requested

For Department Use Only
 Bureau of Motor Vehicles • PO Box 68593 • Harrisburg, PA 17106-8593

Side B - New title will be produced

Use this side of the application if your vehicle is currently registered and you want a corrected certificate of title and registration card. **Certificate of Title and \$53 title fee are required with this option.** You will receive a corrected certificate of title and registration card that reflects your name change. **NOTE:** In addition, if your original title has a lien recorded, the lienholder must complete Section F.

REASON FOR NAME CHANGE: Check (✓) appropriate block below

- Marriage:** Attach a copy of your updated PA Driver's License or PA Photo ID showing the desired name.
- Divorce:** Attach a copy of your updated PA Driver's License or PA Photo ID showing the desired name.
- Court Order:** If your name is changed by permission of the court, attach a copy of your updated PA Driver's License or PA Photo ID showing the desired name.
- Pending Divorce:** Attach a copy of the written notice to resume a prior surname and an updated PA Driver's License or PA Photo ID showing the desired name. The notice must include the caption and docket number of the proceeding in the divorce and be date stamped from the court.
- Other:** If you desire to use a name other than (1) birth name, (2) spouse's surname, or (3) a name given through a court order, you must provide a copy of an updated PA Driver's License or PA Photo ID showing the desired name.

A VEHICLE INFORMATION					
Title Number			Registration Plate Number		
B APPLICANT INFORMATION					
Correct Last Name (or Full Business Name)		First Name	Middle Name	PA DL/Photo ID# or Bus. ID#	Date of Birth
Correct Co-Owner Last Name		First Name	Middle Name	PA DL/Photo ID#	Date of Birth
Current Street Address		City	State	Zip Code	
C FORMER NAME					
Last Name (or Full Business Name)		First Name	Middle Name		
D APPLICATION FOR DUPLICATE TITLE - Appropriate box must be checked (✓).					
<input type="checkbox"/> Lost/Destroyed		<input type="checkbox"/> Stolen		<input type="checkbox"/> Defaced (Certificate must be attached)	
<input type="checkbox"/> Never Received (Complete address above)					
E CERTIFICATION - I/We hereby certify under penalty of law that all information given on this application is TRUE and CORRECT. (Date must be listed.)					
Signature of Owner or Authorized Signer			Signature of Co-Owner		Date
F LIENHOLDER NOTARIZATION - Complete only if Section D is completed and a lien is recorded on the title.					
SUBSCRIBED AND SWORN TO BEFORE ME: MO. DAY YEAR			Signature of Owner or Authorized Signer		
S T A M P	SIGNATURE OF PERSON ADMINISTERING OATH			Title of Authorized Signer	
	DO NOT NOTARIZE UNLESS SIGNED BY LIENHOLDER IN PRESENCE OF NOTARY			Telephone Number ()	
				Date	



REQUEST FOR GENDER CHANGE ON DRIVER'S LICENSE/IDENTIFICATION CARD

ALL SECTIONS MUST BE COMPLETED

A APPLICANT INFORMATION

DRIVER'S LICENSE/ID NUMBER	LAST NAME(S)	JR/ETC
FIRST NAME		MIDDLE NAME
DATE OF BIRTH		E-MAIL ADDRESS (if applicable)
MONTH	DAY	YEAR
TELEPHONE NUMBER (8:00 a.m. to 4:30 p.m.)		
Please check the product(s) you currently have:		
<input type="checkbox"/> Non-Commercial Driver's License <input type="checkbox"/> Commercial Driver's License <input type="checkbox"/> Identification Card		

B GENDER DESIGNATION STATEMENT

I, _____ wish the gender designation on my Driver's License/ ID Card to read

PRINT NAME

MALE FEMALE

I hereby certify under penalty of law that this request for the selected gender designation to appear on my Driver's License/ ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

C TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER LICENSED IN THE UNITED STATES

LAST NAME	FIRST NAME	TITLE
PROVIDER'S ORGANIZATION	STATE MEDICAL LICENSE #	STATE LICENSED IN
PROVIDER'S STREET ADDRESS		
CITY	STATE	ZIP
I am a licensed: <input type="checkbox"/> Physician <input type="checkbox"/> CRNP <input type="checkbox"/> Therapist/Counselor <input type="checkbox"/> Social Worker		
My practice includes assisting, counseling or treating persons with gender identity conditions, including the applicant named herein, and in my professional opinion, the applicant's gender identity is <input type="checkbox"/> Male <input type="checkbox"/> Female and can reasonably be expected to continue as such for the foreseeable future.		
I hereby certify, under penalty of law, that the foregoing information is true and correct.		
PROVIDER'S SIGNATURE: _____		DATE: _____
WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year (18 Pa. C.S. Section 4904(b)).		

D AUTHORIZATION AND CERTIFICATION

For Veterans wishing to add the Veterans Designation to their Driver's License or ID Card: I certify under penalty of law that I am a qualified applicant and hereby request it be added to my product. I understand that misrepresentation will result in the cancellation of my driver's license and/or identification card.

I certify under penalty of law that all information given on this application is true and correct. I hereby authorize the Social Security Administration to release to the Department of Transportation information concerning my Social Security Identification Number for the purpose of identification. I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund (see reverse)

I wish to contribute \$3.00 to the Veterans' Trust Fund (see reverse)

SIGN HERE

(APPLICANT'S SIGNATURE IN INK) DATE

WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year (18 Pa. C.S. Section 4904(b)).

PAID BY: <input type="checkbox"/> Check <input type="checkbox"/> Money Order Payable to PennDOT (PennDOT does not accept cash, credit or debit cards)	TOTAL \$
---	-----------------

Please visit a PennDOT Driver's License Center with your completed and signed application with check or money order made payable to "PennDOT".

NON-COMMERCIAL PHOTO DRIVER'S LICENSE	FEE: \$29.50 - Applicant will be issued a camera card to take to a Photo Driver License Center for the purpose of having a photo taken. If license is endorsed with Class M, fee is \$34.50.
COMMERCIAL PHOTO DRIVER LICENSE	FEE: \$29.50 - Applicant will be issued a camera card to take to a Photo Driver License Center for the purpose of having a photo taken. If license is endorsed with Class M, fee is \$34.50.
IDENTIFICATION CARD	FEE: \$29.50 - Applicant will be issued a camera card to take to a Photo Driver License Center for the purpose of having a photo taken.
ORGAN DONATION AWARENESS TRUST FUND (ODTF)	You have the opportunity to contribute \$1.00 to the Fund. The additional \$1.00 contribution must be added to your payment. You must also check the block provided to ensure proper handling of your contribution. The ODTF provides for the development and implementation of donor awareness programs and funds shall be appropriated subject to the approval of the Governor.
VETERANS' TRUST FUND (VTF)	You have the opportunity to make a tax deductible contribution to the VTF. Your contribution will help support programs and projects for Pennsylvania veterans and their families. Since this additional \$3.00 is not part of the fee, please add the donated amount to your payment. Also, please check the proper block provided in Section D to ensure proper handling of your contribution.

Veterans Designation: You have the opportunity to add the veterans designation to your driver's license/identification card, which clearly indicates you are a veteran of the United States Armed Forces. To qualify, you must have served in the United States Armed Forces, including a reserve component or the National Guard, and have been discharged or released from such service under conditions other than dishonorable. If you are requesting to add the veterans designation to your license/ID card, make sure you check the box at the top in Section D.

If your driver's license/identification card is due to expire within six (6) months, you are required to complete the applicable renewal form and attach it to this form.

DL-143CD Commercial Driver's License Renewal Application

DL-143 Non-Commercial Driver's License/Application for Renewal

All other changes/corrections:

If you require additional changes/corrections to your record, you must complete one of the following forms and attach to this form.

DL-80CD Commercial Driver's License Application To Duplicate/Correct

DL-80 Non-Commercial Driver's License/Application for Change/Correction/Replacement

PROVISIONS OF SECTION 3709 OF THE VEHICLE CODE

Section 3709 provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth, from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, I may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons present within any vehicle of which I am the driver.

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%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
3	PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country			4	DATE OF BIRTH MM/DD/YYYY								
			Office Use Only										
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%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></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%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></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					
						DCL					

**Pennsylvania Department of Health
Division of Vital Records**

The information appearing on the Certification of Birth is transcribed from the original birth certificate as filed with the Division of Vital Records. The Division of Vital Records reserves the right to accept or reject any correction.

Instructions to Correct Birth Certificate:

Complete the affidavit form below in the presence of a Notary Public. Upon receipt and review of the documentation and notarized affidavit, the Division of Vital Records will determine if the correction can be processed.

An original document that supports the correction(s) requested must be submitted, such as marriage record, baptismal record, school record, military record, etc.

The person(s) requesting the correction must include with the notarized affidavit a completed birth application, the required fee or Armed Forces information, if applicable, and a clear copy of his/her valid government issued photo ID that verifies his/her name and current mailing address. Examples of acceptable identification are a state issued driver's license or non-driver photo ID that verifies the name and current address. If possible, enlarge photo ID on copier by at least 150%. If you do not possess photo ID that verifies your current mailing address, you may submit two documents that do verify the address such as a lease agreement, utility bills, pay stub, bank statement, credit card statement, etc.

Mail completed affidavit form, documents, application, fee and ID to:

Division of Vital Records
101 S. Mercer Street
P.O. Box 1528
New Castle, PA 16103
(724) 656-3100

For additional information, visit our website at www.health.pa.gov/MyRecords/Certificates

DATA	ORIGINAL RECORD NOW READS	CORRECTION(S) DESIRED (print full names, dates, other)
NAME AT BIRTH		First Middle Last Suffix
DATE OF BIRTH		
SEX		
FATHER/PARENT		First Middle Last Suffix
MOTHER/PARENT		First Middle Last Suffix
OTHER ERROR		
OTHER ERROR		
SIGNATURE OF FATHER/PARENT		PRESENT ADDRESS STREET
SIGNATURE OF MOTHER/PARENT		CITY STATE ZIP CODE
SIGNATURE OF PERSON NAMED ON RECORD		PHONE NUMBER ()
TO BE COMPLETED BY NOTARY PUBLIC ONLY		<p><u>Notary Instructions:</u></p> <p>Use BLUE or BLACK INK for all signatures and/or the notary stamp.</p> <p>Do not notarize if there are any alterations, such as: scratch out, correction fluid, write-over or erasure.</p> <p>Do not notarize unless signed by subject (or parent(s) if under age 18) in the presence of the Notary.</p> <p>Complete all items in the Notary section and affix your notary stamp and/or seal.</p>
State of		
Signed and sworn to before me this (Day) of (Month), 20		
Print name of person(s) appearing before the Notary Public		
1.		
2.		
Signature of Notary Public		
Address of Notary Public		
My commission expires		
Notary Stamp and/or Seal		

Application for Certified Copy of Birth Record

BIRTH

Pennsylvania Department of Health ♦ Division of Vital Records

BIRTH

PART 1: By my signature below, I state I am the person whom I represent myself to be herein, and I affirm the information within this form is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code. (Note: Signature must agree with name listed in Parts 2 and 5 of this form.)

Signature of person making request (*Do not print*): _____
 Signature required on ALL requests. Must be 18 years of age or older to apply. If under 18, immediate family member must request record.

PART 2: PRINT or TYPE name of individual requesting record and his/her **current mailing address**.

Name: _____ Relationship to Person: _____
 Address: _____ Named on Record: _____

City: _____ State: _____ Zip: _____ - _____

Daytime phone number: (____) _____ - _____ E-mail Address: _____

Intended Use of Certified Copy: Travel/Passport Social Security/Benefits School Employment
 Driver's License Other (List reason: _____)

PART 3: PRINT or TYPE information below regarding person named on requested record: **Number of copies:** _____

Name at Birth: _____
(First) (Middle) (Last)

If name has changed since birth due to adoption, court order, or any reason other than marriage, please list that name here: _____

Date of Birth: _____ Age Now: _____ Sex: Male Female
(Month/Day/Year - Records available from 1906 to the present)

Place of Birth: _____ Hospital: _____
(County) (City/Boro/Twp. In Pennsylvania)

Mother's or Parent A's Name: _____
(First) (Middle) (Last prior to marriage) (Current last)

Father's or Parent B's Name: _____
(First) (Middle) (Last prior to marriage) (Current last)

PART 4: BIRTH: \$20.00 each. *If fee is required, make check/money order payable to: VITAL RECORDS.*

Fees may be waived for individuals and their dependents who served or are currently serving in the Armed Forces (*complete the following*):

Armed Forces Member's Name: _____ Service Number: _____

Relationship to Armed Forces Member: _____ Rank and Branch of Service: _____

PART 5: VALID GOVERNMENT ISSUED PHOTO ID REQUIRED

♦ Individual requesting record must send a legible copy of his/her valid government issued photo ID that verifies name and mailing address as listed in Part 2 above.

♦ Examples: State issued driver's license or non-driver photo ID (*if address has been changed, include copy of update card*).

♦ If possible, enlarge photo ID on copier by at least 150% (copies of ID will be shredded upon review).

♦ If acceptable ID not available, visit our website at www.health.pa.gov/MyRecords/Certificates for further information.

Mail to:

**Division of Vital Records
 ATTN: Birth Unit
 PO BOX 1528
 NEW CASTLE, PA 16103**

Print or type name and address in the space provided below
 (Must agree with name and current address in Part 2 and ID documentation):

Have you?

- ✓ Signed your name in Part 1 (*do not print*)
- ✓ Listed your name and current mailing address in Parts 2 and 5
- ✓ Completed all items in Part 3 (*enter unknown if information unavailable*)
- ✓ Enclosed payment (*or completed Part 4 for waiver of fee*)
- ✓ Enclosed legible copy of ID (*must agree with your name and address in Parts 2 and 5*)

Name
Street
City, State, Zip Code

Letter Certifying Applicant's Gender Change

I, _____,
(Physician's Full Name)

_____, _____,
(Physician's medical license/certificate number) (Issuing State/Country of license/certificate)

am the attending physician of and have a doctor/patient relationship with

_____,
(Name of Patient) (Date of Birth of Patient)

_____, has had
(Name of Patient)

appropriate clinical treatment for gender transition to the new gender of
male female.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Signature of Physician

Physician's Address

Typed Name of Physician

Date

Physician's Phone Number



APPLICATION FOR A U.S. PASSPORT

CORRECTIONS, NAME CHANGE WITHIN 1 YEAR OF PASSPORT ISSUANCE, AND LIMITED PASSPORT HOLDERS

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

Mailing Date of Application: _____

CAN I USE THIS FORM?

Complete this checklist to determine your eligibility to use this form

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

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 U.S. passport book was limited to two years or less for a reason other than multiple losses or a seriously damaged/mutilated passport.

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.

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 hours a day, 7 days a week.

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 outside the U.S. or Canada **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 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 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 U.S.C. 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 may use that information to contact you in the event there is a problem with your application or if additional information is required.

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 (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 in color, clear, with a full front view of your face. The photograph must be taken with a neutral facial expression (preferred) or a natural smile, and with both eyes open and be printed on photo quality paper with a plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat or head covering unless a signed statement is submitted by the applicant verifying that the hat or head covering is part of recognized, traditional religious attire that is customarily or required to be worn continuously when in public 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 the passport photograph. Glasses or other eyewear are not acceptable unless you provide a signed statement from a doctor explaining why you cannot remove them due to medical reasons (e.g., during the recovery period from eye surgery). Any photograph retouched so that your appearance is changed is unacceptable. A snapshot, most vending machine prints, hand-held self portraits, and magazine or full-length photographs are unacceptable. A digital photo 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.

USE CAUTION WHEN STAPLING YOUR PHOTO: Use 4 staples vertically in the corners as close to the outer edges as possible. Do not bend the photo.

3. Evidence to submit with this form (all documentary evidence that is not damaged, altered, or forged will be returned to you):

- If your name has changed **less than one year** after your U.S. passport was issued **AND** your U.S. passport is **less than one year old**, you may use this form. You must submit a certified name change document such as 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 name change or an error in the descriptive data in your recently issued, unexpired passport, you must submit the appropriate evidence showing the correct information (e.g. certified birth certificate or certified marriage certificate as described above).
- If you are re-applying because your U.S. passport book was limited in validity due to a lack of citizenship evidence or identity, you must submit evidence of your U.S. citizenship (such as a government-issued birth certificate or a U.S. Certificate of Naturalization) and/or evidence of your identity (such as a driver's license or a state issued identification card). You must establish your citizenship and identity to the satisfaction of Passport Services. We may ask you to provide additional evidence to corroborate your claim to U.S. citizenship and/or your identity. **Passports limited in validity due to serious damage or multiple losses cannot be extended.** Please contact the National Passport Information Center or visit travel.state.gov for more information and instructions.
- If your passport was limited due to gender transition, please visit <http://travel.state.gov/content/passports/en/passports/information/gender.html> for information on what documentation you will need to submit with this application form.

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 (Requires a 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 U.S. 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 U.S. passport book and card, you may receive **three separate mailings**: one with your returned citizenship evidence; one with your newly issued U.S. passport book, and one with your newly printed U.S. passport card.

OVERNIGHT DELIVERY SERVICE is only available for passport book (and not passport card) mailings in the United States. Please include the appropriate fee with your application.

For faster processing, you may request expedited service. Please include the expedite fee with your application. Expedited service is only available for passports mailed in the United States and Canada.

All fees must be submitted in the form of a personal check or money order. **MAKE CHECKS PAYABLE TO "U.S. 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. Visit travel.state.gov for updated information on fees, processing times, or to check the status of your passport application online.

NOTE REGARDING MAILING ADDRESSES: Passport Services does not send mail to a private addresses outside the United States or Canada. If you do not live at the address listed in the "mailing address," then you must put the name of the person residing in that address and mark it as "In Care Of." If your mailing address changes prior to receipt of your new U.S. passport, please call the National Passport Information Center at 1-877-487-2778 or visit travel.state.gov.

NOTICE TO CUSTOMERS APPLYING OUTSIDE A DEPARTMENT OF STATE 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.

FEE REMITTANCE

Passport service fees are established by law and regulation (see 22 U.S.C. 214, 22 C.F.R. 22.1, and 22 C.F.R. 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 U.S. Department of State will take action to collect the delinquent fees from you under 22 C.F.R. Part 34, and the Federal Claims Collection Standards (see 31 C.F.R. 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 U.S. Department of State will refer the debt to the U.S. Department of Treasury for collection. Debt collection procedures used by the U.S. Department of 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.

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.

IMPORTANT NOTICE TO APPLICANTS WHO HAVE LOST OR HAD A PREVIOUS U.S. 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 U.S. 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 U.S. passport book or passport card by phone, call NPIC or visit our website at travel.state.gov.

SPECIAL NOTICE TO U.S. PASSPORT CARD APPLICANTS ONLY

The maximum number of letters provided for your given name (first and middle) on the U.S. Passport Card is 24 characters. The 24 characters may be shortened due to printing restrictions. If both your given names are more than 24 characters, you must shorten the given name you list on item 1 of this form.

FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 U.S.C. 6039E) and 22 U.S.C. 2714a(f) require you to provide your Social Security number (SSN), if you have one, when you apply for or renew a U.S. passport. If you have never been issued a SSN, you must 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 U.S. Department of State must provide your SSN and foreign residence information to the U.S. Department of the Treasury. If you fail to provide the information, your application may be denied and you are subject to a \$500 penalty enforced by the IRS. All questions on this matter should be referred to the nearest IRS office.

USE OF SOCIAL SECURITY NUMBER

Your Social Security number will be provided to U.S. Department of 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.

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 of 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 this information is authorized by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E, 22 U.S.C. 2714a(f), 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 C.F.R. parts 50 and 51.

PURPOSE: We are requesting this information in order to determine your eligibility to be issued a U.S. passport. Your Social Security number is used to verify your identity.

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

DISCLOSURE: Providing information on this form is voluntary. Be advised, however, that failure to provide the information requested on this form may cause delays in processing your U.S. passport application and/or could result in the refusal or denial of your application.

Failure to provide your Social Security number may result in the denial of your application (consistent with 22 U.S.C. 2714a(f)) and may subject you to a penalty enforced by the Internal Revenue Service, as described in the Federal Tax Law section of the instructions to this form. Your Social Security number will be provided to the Department of the Treasury and may be used in connection with debt collection, among other purposes authorized and generally described in this section.

ELECTRONIC PASSPORT STATEMENT

The U.S. Department of State now issues an "Electronic Passport" book, which contains an embedded electronic chip. 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.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 40 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: Passport Forms Officer, U.S. Department of State, CA/PPT/S/L, 44132 Mercure Cir, P.O. Box 1227, Sterling, Virginia 20166-1227.



APPLICATION FOR A U.S. PASSPORT

NAME CHANGE, DATA CORRECTION, AND LIMITED PASSPORT BOOK REPLACEMENT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0160
 OMB EXPIRATION DATE: 10-31-2019
 ESTIMATED BURDEN: 40 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.

Regular Book (Standard)
 Large Book (Non-Standard)

Note: The large book 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.

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 (Info alerts offered at travel.state.gov) _____ @ _____

7. Primary Contact Phone Number _____

D O DP DOTS Code _____

End. # _____ Exp. _____

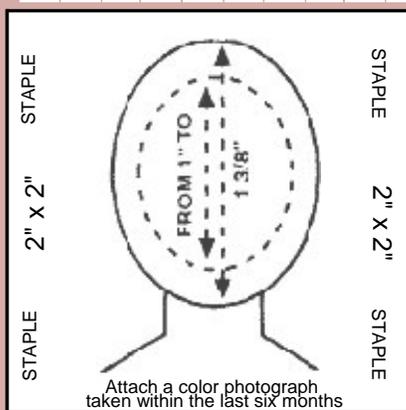
8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB. _____

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. U.S. Passport Book and/or Passport Card Information

Your name as printed on your most recent U.S. passport book and/or passport card _____

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

Most recent U.S. 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 page four of the instructions 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 Legal Signature - age 16 and older

x _____
 Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

Date _____

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 _____

* DS 5504 C 11 2013 1 *

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 Cell Work _____ Home Cell Work _____

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
Departure Date (mm/dd/yyyy) _____ Return Date (mm/dd/yyyy) _____ 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 **less than one year** after your U.S. passport book or passport card was issued?
 Yes No
Current Name Last _____
First _____ Middle _____
If yes, **and your submitted passport book and/or passport card is less than one year old**, please complete this section with your current information.
Note: You must **submit evidence documenting your name change** (such as a certified marriage certificate or court order) and your current U.S. passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions.
If you can not or did not meet the above criteria, please complete Form DS-82, U.S. Passport Renewal Application for Eligible Individuals or Form DS-11, Application for a U.S. Passport.

Was your identifying information printed incorrectly in your U.S. 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 U.S. 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 U.S. passport limited for two years or less?
 Yes No
If yes, please submit evidence of your U.S. citizenship (such as a U.S. birth certificate or naturalization certificate) and/or evidence of your identity (such as a driver's license or a state-issued ID card). Visit <http://travel.state.gov/content/passports/en/passports/information/gender.html> for information regarding gender transition documentation.
Note: To complete a limited U.S. passport book replacement, **your submitted U.S. passport book must not be expired**. Passport books limited in validity because of multiple losses, damages, or mutilations **cannot be extended**.
Please be sure to enclose your U.S. passport book along with this application to the address listed on page 2 of the instructions.





U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS
PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

Mailing Date of Application: _____

CAN I USE THIS FORM?

Complete the checklist to determine your eligibility to use this form

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| I can submit my most recent U.S. passport book and/or U.S. passport card with this application. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I was at least 16 years old when my most recent U.S. passport book and/or passport card was issued. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I was issued my most recent U.S. passport book and/or passport card less than 15 years ago. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| The U.S. passport book and/or U.S. passport card that I am renewing has not been mutilated, damaged, lost, stolen or subsequently found. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| My U.S. passport has not been limited from the normal ten year validity period due to passport damage/mutilation, multiple passport thefts/losses, or non-compliance with 22 C.F.R. 51.41. (Please refer to the back pages of your U.S. passport book for endorsement information). | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I use the same name as on my most recent U.S. passport book and/or U.S. passport card. --OR-- | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I have had my name changed by marriage or court order and can submit proper certified documentation to reflect my name change. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

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

You must apply on application form DS-11 by making a personal appearance before an acceptance agent authorized to accept passport applications. Visit travel.state.gov to find your nearest acceptance facility.

U.S. passports, either in book or card format, are only issued to U.S. Citizens or non-citizen U.S. nationals. Each person must obtain his or her own U.S. passport book or passport card. The passport card is a U.S. passport issued in card format. Like the traditional U.S. passport book, it reflects the bearer's origin, identity, and nationality, and is subject to existing passport laws and regulations. Unlike the U.S. passport book, the U.S. passport card is valid only for entry 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.

PLEASE NOTE: Your new passport will have a different passport number than your previous passport.

FOR INFORMATION AND QUESTIONS

Visit the Department of State website at travel.state.gov or 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. and Saturday 10:00a.m.-3:00p.m. Eastern Time (excluding federal holidays). Automated information is available 24 hours a day, 7 days a week.

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 outside the U.S. or Canada **CANNOT** submit this form to domestic addresses listed on the Instruction Page 2. Such applicants should visit www.usembassy.gov to find the nearest U.S. Embassy or Consulate for procedures for applying outside the United States.

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 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 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 U.S.C. 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.

WHAT DO I SEND WITH THIS APPLICATION FORM?

- Your most recent U.S. passport book and/or card;
- A certified copy of your marriage certificate or court order if your name has changed;
- Fees; and
- A recent, color photograph.

See below for more detailed information

1. YOUR MOST RECENTLY ISSUED U.S. PASSPORT (BOOK AND/OR CARD FORMAT).

- Submit your **most recently issued** U.S. passport book and/or card. When submitting a U.S. passport book and/or card with this form, please verify that the document was issued at age 16 or older in your current name (or see item #2 below) and issued within the past 15 years. You are also eligible to use this form if you currently have a U.S. passport book and/or card that complies with the previously listed criteria, and would like to obtain an alternative product (U.S. passport book and/or card) for the first time. However, you must submit the product you currently have (U.S. passport book and/or card) with this application. If your U.S. passport book and/or card has been lost, stolen, damaged, or mutilated, you must apply on the DS-11 application form as specified below.

2. A CERTIFIED MARRIAGE CERTIFICATE OR COURT ORDER (PHOTOCOPIES ARE NOT ACCEPTED).

- If the name you are currently using differs from the name on your most recent U.S. passport, you must submit a certified copy of your marriage certificate or court order showing the change of name. All documents will be returned to you by mail. 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.

3. THE CURRENT PASSPORT FEE (DO NOT SEND ACCEPTANCE AGENT FEE WITH THIS FORM).

- Enclose the fee in the form of a personal check or money order. **MAKE CHECKS PAYABLE TO "U.S. 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. Newly issued passport cards are delivered via first class mail only.

OVERNIGHT DELIVERY SERVICE is only available for passport book (and not passport card) mailings in the United States. Please include the appropriate fee with your application.

FOR FASTER PROCESSING, you may request expedited service. Please include the expedited fee with your application. **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 newly issued passport book.** Expedited service is only available for passports mailed in the United States and Canada. Please visit travel.state.gov for updated information regarding fees, processing times, or to check the status of your passport application online.

4. A RECENT, COLOR PHOTOGRAPH.

- Submit a color photograph of you alone, sufficiently recent to be a good likeness of you (**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 in color, clear, with a full front view of your face. The photograph must be taken with a neutral facial expression (preferred) or a natural smile, and with both eyes open and be printed on photo quality paper with a plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, or head covering unless a signed statement is submitted by the applicant verifying that the hat or head covering is part of recognized, traditional religious attire that is customarily or required to be worn continuously when in public 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 the passport photograph. Glasses or other eyewear are not acceptable unless you provide a signed statement from a doctor explaining why you cannot remove them due to medical reasons (e.g., during the recovery period from eye surgery). Any photograph retouched so that your appearance is changed is unacceptable. A snapshot, most vending machine prints, hand-held self portraits, and magazine or full-length photographs are unacceptable. A digital photo 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.

USE CAUTION WHEN STAPLING YOUR PHOTO: Use 4 staples vertically in the corners as close to the outer edge as possible. Do not bend photo.

WHERE DO I MAIL THIS APPLICATION?

FOR ROUTINE SERVICE (If you live in CA, FL, IL, MN, NY, or TX):
National Passport Processing Center
P.O. Box 640155
Irving, TX 75064-0155

FOR ROUTINE SERVICE (If you live in any other state or Canada):
National Passport Processing Center
P.O. Box 90155
Philadelphia, PA 19190-0155

FOR EXPEDITED SERVICE (Additional Fee, any state or Canada):
National Passport Processing Center
P.O. Box 90955
Philadelphia, PA 19190-0955

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

NOTE REGARDING MAILING ADDRESSES: Passport Services does not send mail to a private address outside the United States or Canada. 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 (NPIC) at 1-877-487-2778 or visit travel.state.gov.

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/or 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.

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

FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 USC 6039E) and 22 U.S.C. 2714a(f) require you to provide your Social Security number (SSN), if you have one, when you apply for or renew a U.S. passport. If you have never 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 U.S. Department of State must provide your SSN and foreign residence information to the U.S. 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 DEPARTMENT OF STATE 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.

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USE OF SOCIAL SECURITY NUMBER

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

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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 U.S. PASSPORT BOOK OR PASSPORT CARD!

For more information or to report your lost or stolen U.S. passport book or passport card by phone, call NPIC at:

1-877-487-2778 or visit our website at travel.state.gov

NOTICE TO U.S. PASSPORT CARD APPLICANTS ONLY

The maximum number of letters provided for your given name (first and middle) on the U.S. passport card is 24 characters. The 24 characters may be shortened due to printing restrictions. If both your given names are more than 24 characters, you must shorten one of your given names on item 1 of this form.

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 of a federal or state drug offense or convicted of a "sex tourism" crime, 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; or 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 this information is authorized by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E, 22 U.S.C. 2714a(f), 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 C.F.R. parts 50 and 51.

PURPOSE: We are requesting this information in order to determine your eligibility to be issued a U.S. passport. Your Social Security number is used to verify your identity.

ROUTINE USES: Your Social Security number will be provided to the Department of the Treasury and may be used in connection with debt collection, among other purposes authorized and generally described in this section. This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

DISCLOSURE: Providing information on this form is voluntary. Be advised, however, that failure to provide the information requested on this form may cause delays in processing your U.S. passport application and/or could also result in the refusal or denial of your application.

Failure to provide your Social Security number may result in the denial of your application (consistent with 22 U.S.C. 2714a(f)) and may subject you to penalty enforced by the Internal Revenue Service, as described in the Federal Tax Law section of the instructions to this form.

ELECTRONIC PASSPORT STATEMENT

The U.S. Department of State now issues a type of passport book containing an embedded electronic chip 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.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documentation 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: Passport Forms Officer, U.S. Department of State, CA/PPT/S/L, 44132 Mercure Cir, P.O. Box 1227 Sterling, Virginia 20166-1227.

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

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

17. Additional Contact Phone Numbers
 Home Cell _____
 Work _____

18. 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 _____

19. 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 _____

20. Travel Plans
Departure Date (mm/dd/yyyy) _____ Return Date (mm/dd/yyyy) _____ Countries to be visited _____

**STOP! YOU HAVE COMPLETED YOUR APPLICATION
BE SURE TO SIGN AND DATE PAGE ONE**

WHERE DO I MAIL THIS APPLICATION?

If applying in the United States or Canada:

FOR ROUTINE SERVICE (If you live in CA, FL, IL, MN, NY, or TX): National Passport Processing Center P.O. Box 640155 Irving, TX 75064-0155	FOR ROUTINE SERVICE (If you live in any other state or Canada): National Passport Processing Center P.O. Box 90155 Philadelphia, PA 19190-0155	FOR EXPEDITED SERVICE (Additional Fee, any state or Canada): National Passport Processing Center P.O. Box 90955 Philadelphia, PA 19190-0955
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Because of the sensitivity of the enclosed documents, Passport Services recommends using trackable mailing service when submitting your application.

If applying outside the United States or Canada:

United States citizens residing outside the U.S. or Canada **CANNOT** submit this form to domestic addresses listed above. Such applicants should visit www.usembassy.gov to find the nearest U.S. Embassy or Consulate for procedures for applying outside the United States.

