LEGAL NAME AND GENDER CHANGES: UPDATING IDENTITY DOCUMENTS

LGBT Project, Indiana Legal Services
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UPDATING YOUR SOCIAL SECURITY CARD

1. Fill out form SS-5 (available at http://www.ssa.gov/online/ss-5.pdf or at your local Social Security office)
   - In the “Name” field on the top line, you should use your current/new name (not your former legal name).
   - On the second line, list your previous legal name as it appears on your old Social Security card.
   - Leave the third line (“Other names used”) blank unless you have registered to work, received public benefits, or held a social security card under other names.
   - For sex, check the box for your current gender (not the one assigned at birth)

2. Go to your local social security office (https://secure.ssa.gov/ICON/main.jsp) with the following documents:
   - Form SS-5;
   - State ID or driver’s license;
   - Certified copy of your court ordered name and gender marker change;
   - Doctor’s letter if you don’t have a court ordered gender marker change order.

UPDATING YOUR INDIANA PHOTO ID

Bring the following to your local BMV office:
- Current Photo ID;
- Name change order;
- Proof of gender change (court order is not enough)
  - BMV form 55617 signed by your physician; or
  - Updated birth certificate; or
  - Doctor’s letter on letterhead that is signed and dated that says:
    <your name> successfully underwent all treatment necessary to permanently change <your name> gender from <insert prior gender> to <insert new gender>.
UPDATING YOUR VOTER REGISTRATION

Transgender people can vote, even if their gender does not match what is listed on their government issued ID. Transgender people must be registered with the name that is listed on their government issued ID.

You can update your voter registration on-line at https://indianavoters.in.gov/

UPDATING YOUR INDIANA BIRTH CERTIFICATE

You have two options for updating your birth certificate: going in person to the county health department where you were born or requesting copy from the state via mail. Though it is often faster to request the certificate from the county, each county has their own rules about updating birth certificates, and it can often be easier to update the certificate directly with the State Department of Health.

To request by mail, send the attached letter requesting an amended birth certificate that reflects your new legal name and gender and include the following:

- Copy of your court ordered name and gender change (sometimes they ask for a certified copy. You can get certified copies from the clerk.);
- Application for Search and Certified Copy of Birth Record
- Copy of your photo ID
- Check for $10

Mail the letter to:
Indiana State Department of Health
Vital Records
2 N. Meridian St.
Indianapolis, IN 46204

This document is not intended to be legal advice. It only provides general information on updating documents. If you need further assistance changing your documents at any agency, or an agency refuses to change your documents, please contact Indiana Legal Services for further support.
Indiana State Department of Health  
Vital Records  
2 N. Meridian St.  
Indianapolis, IN 46204

Date: _________________, 20____

Dear Vital Records:

I am writing to request you update the name and gender on my Indiana Birth Certificate. In support of this request, I am including the following:

☐ Copy of my court ordered name and gender change  
☐ Copy of my photo ID  
☐ Check for $10

Please mail the updated birth certificate to me at:

________________________________  
________________________________  
________________________________

If you have any questions, you can reach me at (____)- _______ - ____________.

Thank you for your time,

__________________________
APPLICATION FOR SEARCH AND CERTIFIED COPY OF BIRTH RECORD
State Form 49607 (R10 / 9-18)
INDIANA STATE DEPARTMENT OF HEALTH

BIRTH RECORDS IN THE STATE VITAL RECORDS OFFICE BEGIN WITH OCTOBER 1907. Prior to October 1907, records of birth are filed ONLY with the local health department in the county where the birth actually occurred.

FEES ARE ESTABLISHED BY LAW (IC 16-37-1-11 and IC 16-37-1-11.5). Each search for a record costs $10.00. The fee is non-refundable. Included in one search is a five (5) year period: the reported year of birth and, if the record is not found in that year, the two (2) years before and after. A certified copy of the record, if found, is included in the search fee. Additional copies of the same record purchased at the same time are $4.00 each. Amendments made to the record are an additional $8.00.

WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE UNDER IC 16-37-1-12.

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7 (SEE REQUIREMENTS AND ACCEPTABLE DOCUMENTATION LIST). Requests for birth certificates sent without proper identification will be returned to the requester without processing. Please complete all items below as required pursuant to IC 16-37-1-10 (a):

| Full Name at Birth |

Could this birth be recorded under any other name?  If Yes, Please Give Name.

| Has the person ever been adopted?  If Yes, Please Give Name AFTER Adoption. |

| Place of Birth:     City | Place of Birth:    County |

| Name of Hospital |

| Date of Birth (Month, Day, Year) | Is this Person Deceased? (Please Check One) |

Could this birth be recorded under any other name? If Yes, Please Give Name.

| Full Name of Parent 1 (If adopted, Give Name of Adopted Parent.) |

| Full Name of Parent 2 including Maiden Name (If adopted, Give Name of Adopted Parent.) |

| Purpose for which record is to be used |

| Your Relationship to the Individual Named on the requested certificate |

| Total Certificates |

Total Certificates

| Standard Size (Passport Acceptable) | Long Form (Statistical Version) |

| Is this certificate for an Apostille? (Please Check One.) | Delivery Preference (Please call agency for current express delivery rate.) |

| Total Fee |

| Print Name of Applicant | Signature of Applicant |

| Mailing Address (Number, Street, City, State, ZIP Code) ADDRESS MUST MATCH THE IDENTIFICATION PROVIDED. |

| Daytime Telephone Number (including Area Code) | Today’s Date (Month, Day, Year) |

Send this application(s) with a check or money order payable to the Indiana State Department of Health, along with copy of Government State, or Military valid identification and/or required documentation to: Indiana State Department of Health, Vital Records, 2 North Meridian Street, Indianapolis, IN 46204. Web address www.in.gov/ISDH. Please note: If identification does not match the address provided, your request will not be processed.

FOR OFFICE USE ONLY

| Date received (Month, Day, Year) | Receipt Number | Volume Number |

| Certificate Number | Application Number | Initials of Verifier |
UPDATING OR OBTAINING A U.S. PASSPORT

Go to your passport processing office (offices can be found at https://iafdb.travel.state.gov/) with:

- Form DS-11: Application for a U.S. Passport. The form is available at: https://eforms.state.gov/Forms/ds11.PDF
- Proof you are a U.S. citizen;
  - Certified Birth Certificate; or
  - Certificate of Naturalization or Citizenship; or
  - Your current passport
- Photo ID (bring your ID and a copy of the front and back);
- Court Ordered Name Change (certified copy);
- Original (not a copy) doctor’s letter signed in blue ink (sample letter on next page)
- $140 payable to the US Dept of State and $35 to the acceptance facility; and
- One passport size photo that reflects your current appearance.

OUT OF STATE DOCUMENTS

Information about how to update out of state and other federal ids can be found at:
https://transequality.org/documents

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Letter Certifying Applicant’s Gender Change

I, ____________________________________________, medical license/certificate number _______
(Physician’s Full Name)

__________, issued by the State of _________________, am the physician of

___________________________________________, date of birth ___________________, with whom
(Name of Patient)

I have a doctor/patient relationship and whom I have treated, or with whom I have a doctor/patient
relationship and whose medical history I have reviewed and evaluated.

___________________________________________, has had appropriate
(Name of Patient)

clinical treatment for transition to ☐ 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                                      Date

___________________________________________
Typed Name of Physician

___________________________________________
Address

___________________________________________
Physician’s Phone Number

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USCIS IMMIGRATION DOCUMENTS

USCIS will update the name and gender marker on employment cards, legal permanent resident cards, naturalization certificates and certificates of citizenship. How the document is updated depends on if you have a pending application or if you need an entirely new document. Regardless of what you are updating or how, the supporting documentation is the same.

Supporting Documentation: Name Change
- Court order for name change or other proof of legal name change.

Supporting Documentation: Gender
- Court ordered gender change;
- Government issued documentation with the gender, including a birth certificate, passport, driver's license; or
- letter from a licensed health care provider certifying the change in gender (sample follows)

Pending Applications
- Letter requesting an update mailed to the service center or office processing the case, which can be found at the bottom of the receipt notice, which includes:
  - A number
  - Receipt number
  - Supporting documentation

Employment Authorization
- Filing fee of $465 (subject to change) or a Fee Waiver
- Two passport-style photographs
- Supporting documentation

Permanent Resident Card
- Form I-90, Application to Replace Permanent Resident Card (http://www.uscis.gov/i-90)
- Filing fee of $450 (subject to change) or a Fee Waiver
- Supporting documentation

Naturalization Certificate
- Filing fee of $345 (subject to change) or a Fee Waiver
- Two passport-style photographs
- Supporting documentation

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Health Care Certification

Date: ____________________

To Whom It May Concern:

I am a licensed:  □ Counselor  □ Nurse Practitioner  □ Physician  □ Physician Assistant
        □ Psychologist  □ Social worker  □ Therapist

I have treated or evaluated __________________________________________ in relation to
their gender identity. (Patient’s Name)

In my professional opinion, _______________________________________'s gender identity is
consistent with a designation of: (Patient’s Name)

□ Male   □ Female

Patient’s Information
Full Name ___________________________________________
Date of Birth _______________________________________

Health Care Professional’s Information
Full Name ________________________________________________
Organization (if any) ______________________________________
Address: _______________________________________________
Phone Number ___________________________________________
License Type: □ Counselor  □ Nurse Practitioner  □ Physician  □ Physician Assistant
        □ Psychologist  □ Social worker  □ Therapist
License Number _________________________________________
Issuing State, Country, or other Jurisdiction of License _______________________________

Sincerely,

__________________________________________
Health Care Professional’s Signature

__________________________________________
Health Care Professional’s Printed Name