



UPDATING YOUR SOCIAL SECURITY CARD

1. Fill out form SS-5
 - 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. To update your gender marker you need one of the following:
 - A court-ordered gender marker change order,
 - A signed letter from a doctor stating you have had appropriate clinical treatment for gender transition,
 - A full-validity 10-year U.S. passport showing the correct gender, or
 - A state-issued birth certificate showing the correct gender,

Social Security gender marker options are Female and Male.
3. Go in person or mail the application to your local to your local office (<https://secure.ssa.gov/ICON/main.jsp>) with the following documents:

In-Person	By Mail
<input type="checkbox"/> Form SS-5;	<input type="checkbox"/> Cover letter;
<input type="checkbox"/> State ID or driver's license;	<input type="checkbox"/> Form SS-5;
<input type="checkbox"/> Certified Name Change Order;	<input type="checkbox"/> Certified Name Change Order;
<input type="checkbox"/> Proof of Gender (if you want to change your gender marker)	<input type="checkbox"/> Proof of Gender (if you want to change your gender marker)

Application for a Social Security Card

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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>										
3	PLACE OF BIRTH (Do Not Abbreviate)	City	State or Foreign Country	Office Use Only FCI	4	DATE OF BIRTH	MM/DD/YYYY					
5	CITIZENSHIP (Check One)	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)										
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian								
8	SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female										
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH	First	Full Middle Name	Last								
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>										
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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>										
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	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.											
YOUR SIGNATURE		18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:									
		<input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____										

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)									
NPN		DOC		NTI		CAN		ITV	
PBC		EVI		EVA		EVC		PRA	
NWR		DNR		UNIT					
EVIDENCE SUBMITTED						SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW			
						DATE			
						DATE			

Social Security Administration

_____, Indiana _____

Date: _____, 20____

Dear SSA:

I am writing to request you update the name and gender on my Social Security Record. In support of this request, the following documents are included:

- Form SS-5
- Certified Name Change Order
- Proof of Gender

Pursuant to SSA Policy, my name change order is an acceptable identity document because it has my prior name and biographic data (date of birth), which matches the data on the latest Numident record. See POMS RM 10212.015, Evidence Requirements to Process a Name Change on the SSN, available at <https://secure.ssa.gov/apps10/poms.nsf/lnx/0110212015>.

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

Thank you for your time,



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>.

Gender markers for BMV IDs and driver's licenses include F (female) or M (male).



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/>



PHYSICIAN'S STATEMENT OF GENDER CHANGE

State Form 55617 (7-14)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES

100 North Senate Avenue
Room N481
Indianapolis, IN 46204

- INSTRUCTIONS:**
1. Complete form in blue or black ink or print form.
 2. A licensed physician must complete Section 2.
 3. Applicant must complete Section 3.
 4. Submit completed form with original signatures to any BMV license branch location.

SECTION 1 - APPLICANT'S INFORMATION			
Legal Name (<i>last, first, middle initial</i>)	Indiana Driver's License Number (DLN)	Date of Birth (<i>mm/dd/yyyy</i>)	
Address (<i>number and street</i>)	City	State	ZIP code
SECTION 2 - PHYSICIAN'S STATEMENT FOR GENDER CHANGE (140 IAC 7-1.1-3(d)(3)(C)(ii))			
I certify _____ successfully underwent all treatment necessary to permanently change (<i>Insert applicant's name.</i>)			
_____ gender from _____ to _____ (<i>Insert applicant's name.</i>) (<i>Insert prior gender.</i>) (<i>Insert new gender.</i>)			
By signing this form, I swear or affirm under the penalty of perjury that the information on this form is true and correct.			
Printed Name of Physician	Medical License Number	State of Issuance	
Signature of Physician	Date Signed (<i>mm/dd/yyyy</i>)	Physician Telephone Number	
SECTION 3 - SIGNATURE OF APPLICANT			
By signing this form, I authorize the above information to be released to the Indiana Bureau of Motor Vehicles. I swear or affirm under the penalty of perjury that the information on this form is true and correct.			
Printed Name of Applicant			
Signature of Applicant		Date Signed (<i>mm/dd/yyyy</i>)	



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.

Gender markers for Indiana birth certificates are F (female), M (male), and X (nonbinary).

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

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? <i>If Yes, Please Give Name.</i>		
Has the person ever been adopted? <i>If Yes, Please Give Name AFTER Adoption.</i>		
Place of Birth: City	Place of Birth: County	
Name of Hospital		
Date of Birth (<i>Month, Day, Year</i>)	Is this Person Deceased? (<i>Please Check One</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If YES which state, if known _____	
Full Name of Parent 1 (<i>If adopted, Give Name of Adopted Parent.</i>)		
Full Name of Parent 2 including Maiden Name (<i>If adopted, Give Name of Adopted Parent.</i>)		
Purpose for which record is to be used		
Your Relationship to the Individual Named on the requested certificate		
Total Certificates Standard Size _____ (<i>Passport Acceptable</i>) Long Form _____ (<i>Statistical Version</i>) (<i>Please note: If a long form is unavailable, standard size will be sent.</i>)		
Is this certificate for an Apostille? (<i>Please Check One.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	Delivery Preference (<i>Please call agency for current express delivery rate.</i>) <input type="checkbox"/> Regular Mail <input type="checkbox"/> Express Courier, Signature upon delivery required	Total Fee
Print Name of Applicant	Signature of Applicant	
Mailing Address (<i>Number, Street, City, State, ZIP Code</i>) ADDRESS MUST MATCH THE IDENTIFICATION PROVIDED.		
Daytime Telephone Number (<i>including Area Code</i>)	Today's Date (<i>Month, Day, Year</i>)	
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 (<i>Month, Day, Year</i>)	Receipt Number	Volume Number
Certificate Number	Application Number	Initials of Verifier



UPDATING OR GETTING 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.

Gender markers on passports only include F (female) and M (male).



OUT OF STATE DOCUMENTS

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

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.

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

UPDATING USCIS IMMIGRATION DOCUMENTS

If you are working with an immigration lawyer, please talk to them before updating any documents, especially if you have a pending application with USCIS.

You should also talk to a lawyer before updating anything if you have been arrested since USCIS issued you the document you want to change.

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)

Naturalization Certificate

- Form N-565, Application for Replacement Naturalization/Citizenship Document (<http://www.uscis.gov/n-565>)
- Filing fee of \$345 (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

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.

Employment Authorization

- Form I-765, Application for Employment Authorization (<http://www.uscis.gov/i-765>)
- Filing fee of \$465 (subject to change) or a Fee Waiver
- Two passport-style photographs
- Supporting documentation

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

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