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 office (https://secure.ssa.gov/ICON/main.jsp) with the following documents:

   **In-Person**
   - Form SS-5;
   - State ID or driver’s license;
   - Certified Name Change Order;
   - Proof of Gender (if you want to change your gender marker)

   **By Mail**
   - Cover letter;
   - Form SS-5;
   - Certified Name Change Order;
   - Proof of Gender (if you want to change your gender marker)

This document is not intended to be legal advice. It only gives 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.
### Application for a Social Security Card

<table>
<thead>
<tr>
<th><strong>NAME</strong></th>
<th><strong>TO BE SHOWN ON CARD</strong></th>
<th><strong>First</strong></th>
<th><strong>Full Middle Name</strong></th>
<th><strong>Last</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FULL NAME AT BIRTH</strong></td>
<td>First</td>
<td>Full Middle Name</td>
<td>Last</td>
<td></td>
</tr>
<tr>
<td><strong>IF OTHER THAN ABOVE</strong></td>
<td>First</td>
<td>Full Middle Name</td>
<td>Last</td>
<td></td>
</tr>
<tr>
<td><strong>OTHER NAMES USED</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Social Security number previously assigned to the person listed in item 1** | | | | |

<table>
<thead>
<tr>
<th><strong>PLACE OF BIRTH</strong></th>
<th>City</th>
<th>State or Foreign Country</th>
<th><strong>DATE OF BIRTH</strong> MM/DD/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Do Not Abbreviate)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CITIZENSHIP</strong></th>
<th><strong>ETHNICITY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Check One)</strong></td>
<td><strong>Are You Hispanic or Latino?</strong> (Your Response is Voluntary)</td>
</tr>
<tr>
<td></td>
<td><strong>RACE</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Select One or More</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **SEX** | **Male** | **Female** |

<table>
<thead>
<tr>
<th><strong>A. PARENT/ MOTHER’S NAME AT HER BIRTH</strong></th>
<th>First</th>
<th>Full Middle Name</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B. PARENT/ MOTHER’S SOCIAL SECURITY NUMBER</strong> (See instructions for 9B on Page 3)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>A. PARENT/ FATHER’S NAME</strong></th>
<th>First</th>
<th>Full Middle Name</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B. PARENT/ FATHER’S SOCIAL SECURITY NUMBER</strong> (See instructions for 10B on Page 3)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **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?** | **Yes** | **No** | **Don’t Know** (If "don’t know," skip to question 14.) |

| **Name shown on the most recent Social Security card issued for the person listed in item 1** | First | Full Middle Name | Last |

| **Enter any different date of birth if used on an earlier application for a card** | MM/DD/YYYY |

<table>
<thead>
<tr>
<th><strong>TODAY’S DATE</strong></th>
<th>MM/DD/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAYTIME PHONE NUMBER</strong></td>
<td>Area Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th>Street Address, Apt. No., PO Box, Rural Route No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Do Not Abbreviate)</strong></td>
<td></td>
</tr>
</tbody>
</table>

| **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.** |

<table>
<thead>
<tr>
<th><strong>YOUR SIGNATURE</strong></th>
<th><strong>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Self</strong></td>
</tr>
</tbody>
</table>

---

**DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)**

<table>
<thead>
<tr>
<th><strong>NPN</strong></th>
<th><strong>DOC</strong></th>
<th><strong>NTI</strong></th>
<th><strong>CAN</strong></th>
<th><strong>ITV</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PBC</strong></td>
<td><strong>EVI</strong></td>
<td><strong>EVA</strong></td>
<td><strong>EVC</strong></td>
<td><strong>PRA</strong></td>
</tr>
<tr>
<td><strong>NWR</strong></td>
<td><strong>DNR</strong></td>
<td><strong>UNIT</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EVIDENCE SUBMITTED**

**SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW**

**DATE**

**DCL**

**DATE**
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/

This document is not intended to be legal advice. It only gives 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.
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

<table>
<thead>
<tr>
<th>Legal Name (last, first, middle initial)</th>
<th>Indiana Driver's License Number (DLN)</th>
<th>Date of Birth (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (number and street)</th>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
</tr>
</thead>
</table>

### 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 ____________________________________________________________ gender from __________________________ to __________________________.

__________________________________________

By signing this form, I swear or affirm under the penalty of perjury that the information on this form is true and correct.

<table>
<thead>
<tr>
<th>Printed Name of Physician</th>
<th>Medical License Number</th>
<th>State of Issuance</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Physician</th>
<th>Date Signed (mm/dd/yyyy)</th>
<th>Physician Telephone Number</th>
</tr>
</thead>
</table>

### 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.

<table>
<thead>
<tr>
<th>Printed Name of Applicant</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Date Signed (mm/dd/yyyy)</th>
</tr>
</thead>
</table>
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

This document is not intended to be legal advice. It only gives 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.
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

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 16-37-11.5). 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) □ YES □ NO □ UNKNOWN

If YES which state, if known

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

Standard Size _____ (Passport Acceptable) Long Form _____ (Statistical Version) (Please note: If a long form is unavailable, standard size will be sent.)

Is this certificate for an Apostille? (Please Check One.) □ Yes □ No

Delivery Preference (Please call agency for current express delivery rate.) □ Regular Mail required □ Express Courier, Signature upon delivery

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 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

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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
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
- 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

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Employment Authorization
- 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