

SS-5

The [SS-5](#) form is used to apply for a new social security card. You will need to submit this form in-person to a social security office in order to update your social security records.

You need to update your SSA records in order to update other government documents such as your driver's license, and to avoid problems with banks and other institutions that require your social security number. After submitting this form, an updated social security card will be sent to your mailing address free of charge within 7 to 14 days.

- In item 1
 - Next to **Name to be shown on card**, write your new legal name (the one you're changing to)
 - Next to **Full name at birth**, write your name at birth, from before any name changes.
 - Next to **Other names used**, write any names you've used other than your new name and your name at birth. If those are the only names you've used, you can leave this blank.
- In item 2, write your current social security number. This will be on your social security card as well as your tax returns or any tax returns listing you as a dependent.
- In item 3, write the city and state where you were born. This should be on your birth certificate if you don't know it.
- In item 4, write your date of birth.
- In item 5, indicate your citizenship/permission-to-work status
- Items 6 and 7 are optional demographic questions.
- In item 8, select the gender you'd like to change to. The Social Security Administration does not currently have the ability to list your gender as non-binary, so choose whatever you're most comfortable with. This does not have to be reflected in your court order or any other documents.
- In item 9, put your mother's birth name in field A. This should be on your birth certificate if you don't know it.
 - You do not need to provide your mother's social security number in field B if you're over 18.
- In item 10, put your father's name. This should be on your birth certificate if you don't know it.
 - You do not need to provide your father's social security number in field B if you're over 18.
- In item 11, indicate whether you've ever received a social security card before. If you're not sure, check "Don't Know"
- In item 12, write your name before the change.

- In item 13, write any previous date of birth. This is only required if you're changing your date of birth.
- In item 14, write the date when you're filling out the form.
- In item 15, write a phone number that you are reachable at.
- In item 16, write the address at which you'd like to receive your new social security card.
- Sign in item 17.
- In item 18, check **Self**.

Example

Here's what your form should look like once it's finished (Everything I added is in red for emphasis. Use black when you're filling your form out):

Application for a Social Security Card

1	NAME TO BE SHOWN ON CARD		First <i>Jane</i>	Full Middle Name <i>Jamie</i>	Last <i>Doe</i>	
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First <i>John</i>	Full Middle Name <i>James</i>	Last <i>Doe</i>	
	OTHER NAMES USED					
2	Social Security number previously assigned to the person listed in item 1			0 0 0	0 0	0 0 0 0
3	PLACE OF BIRTH (Do Not Abbreviate) City: <i>Los Angeles</i> State or Foreign Country: <i>California</i>			Office Use Only FCI	4	DATE OF BIRTH MM/DD/YYYY: <i>01/01/1970</i>
5	CITIZENSHIP (Check One)		<input checked="" 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 checked="" type="checkbox"/> Female			
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First <i>Jessica</i>	Full Middle Name	Last <i>Dorothy</i>	
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3)					<input type="checkbox"/> Unknown
10	A. PARENT/ FATHER'S NAME		First <i>Jared</i>	Full Middle Name	Last <i>Doe</i>	
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)					<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 checked="" 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 <i>John</i>	Full Middle Name <i>James</i>	Last <i>Doe</i>	
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: <i>01/01/2024</i>		15		DAYTIME PHONE NUMBER Area Code: <i>123</i> Number: <i>4567890</i>	
16	MAILING ADDRESS (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No. <i>1000 Example Street</i> City: <i>Los Angeles</i> State/Foreign Country: <i>California</i> ZIP Code: <i>90000</i>			
17	YOUR SIGNATURE <i>Jane Jamie Doe</i>		18			
			YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input checked="" 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		
PBC		EVI		EVA		
EVC		PRA		CAN		
DNR		UNIT		ITV		
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
				DATE		
				DATE		