GENDER MARKER CHANGE IN MICHIGAN

There are two ways to change a person's gender marker in Michigan.

ONE They can change the gender marker on their birth certificate first, and then they will be able to change it on their driver's license.

TWO They can change the gender marker on their passport first, and then they will be able to change it on their driver's license. NOTE: If people can afford to get a new passport, it is easier to change it on a passport, and they don't have to have had any kind of gender affirming surgery.

GENDER MARKER CHANGE ON A MICHIGAN BIRTH CERTIFICATE

This process will vary depending on which state the person's birth certificate was issued in. Some states don't allow people to change the gender marker on their birth certificate. **This requires that a person has undergone gender affirming surgery.**

Applicant must provide:

1. A completed application to change a Michigan birth record, (see attached).

2. Michigan Vital Record Division's medical affidavit (see attached), completed by the physician that performed the gender affirming surgery or another physician providing care who has knowledge of the surgery, certifying that gender affirmation surgery has been successfully completed. **The affidavit must be notarized.**

COST: $50

NOTE: *If you want to also change your first and middle name as a result of gender affirmation surgery, the physician should designate the changed name on the affidavit. If the physician does not designate the name to be changed at the time you submit the application, it can be done by court order.*

SOURCE: MDHHS, http://www.michigan.gov/mdhhs/0,5885,7-339-71551_4645_4933-13952--,00.html

GENDER MARKER CHANGE ON A PASSPORT

This process does not require that a person has undergone any gender affirming surgeries. The Department of State can issue two different kinds of passports depending on where you are in your gender transition. You must provide extra documentation in both cases.

Status of Gender Transition	Kind of Passport	Validity of Passport (in years)
Completed	Full Validity	10 years
In Process	Limited Validity	2 years*

**A limited validity passport book can be extended to the full ten-year validity book with no additional fee by submitting Form DS-5504 within two years of the passport issue date.*

Requirements:

If you are in the process of or have had clinical treatment for a gender transition, please note that you must apply using the DS-11. (see attached) Your supporting documentation should include the following, in addition to the normally required documents:

- **ID that resembles your current appearance**
- **Passport photo that resembles your current appearance**
- **Proof of legal name change (if applicable)**
- **A physician statement that validates that you have either completed or are in process of treatment for gender transition**

Physician's Statement (see attached)

The signed original statement from the attending medical physician must be on office letterhead and include:

- Physician's full name
- Medical license or certificate number
- Issuing state or other jurisdiction of medical license/certificate
- Address and telephone number of the physician
- Language stating that he or she is your attending physician and that he or she has a doctor/patient relationship with you
- Language stating you have completed or are in process of appropriate clinical treatment for gender transition to the new gender (male or female)
- Language stating "I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct."

Description of specific treatments is not required. However, the certification from a licensed physician, who has treated the applicant or reviewed and evaluated the medical history of the applicant regarding the change in gender, shall be based on the physician's judgment regarding the applicant's treatment needs, and made in accordance with standards and recommendations of the World Professional Association for Transgender Health (WPATH), recognized as the authority in this field by the American Medical Association (AMA).

SOURCE: https://travel.state.gov/content/passports/en/passports/information/gender.html

GENDER MARKER CHANGE ON A MICHIGAN DRIVER'S LICENSE

Once someone has changed their gender marker on their birth certificate or passport, they can take the updated version of either of these to the Secretary of State to get a new driver's license.

APPLICATION TO **CORRECT** OR **CHANGE** A **MICHIGAN BIRTH RECORD**

For additional information
517-335-8660
Mon-Fri 8:00 am - 5:00 pm ET
www.michigan.gov/vitalrecords

MAIL APPLICATION AND PROPER FEE TO:
Vital Records Changes
P.O. Box 30721
Lansing MI 48909

APPLICANT (PERSON REQUESTING CHANGE OR CORRECTION) **PLEASE PRINT CLEARLY AND LEGIBLY**

Applicant's Name:

Driver's License or State Identification #:

Address:
(Cannot send to General Delivery)

City/State:

Zip:

Daytime Phone **Required**: ( )

Other Phone: ( )

To protect you from identity theft, we require PHOTO IDENTIFICATION to be presented along with this application. (See back for details)

ELIGIBILITY (Please check which category makes you eligible to request this change or correction)

To be eligible to correct or change a birth record, you must be the person named on the record and at least 18 years old, a parent named on the record, or a court-appointed legal guardian or legally licensed representative of the person named on the record. Legal guardians must include a copy of the court guardianship documents. Legally licensed representatives must provide information on official letterhead, documenting that he/she represents the person named on the record and provide their state bar license number.

- □ Person named on the record (Must be at least 18 years old or legally emancipated)
- □ Parent named on the record
- □ Legal guardian of the person named on the record
- □ Legally licensed representative of the person named on the record

TYPE OF CHANGE OR CORRECTION REQUESTED **(**Please indicate below which type of change or correction you are requesting)

- □ Correct birth record information for a person under the age of 1 (one)
- □ Correct birth record information for a person age 1-5 (one to five)
- □ Correct birth record information for a person over the age of 6 (six)
- □ Court-ordered legal name change (court order required)
- □ Legitimation for parents who have married after the birth (marriage record required)
- □ Remove a man who is not the biological father (court order required)

There is a separate application if you need to add a father's name to a birth record when there is no father currently named on the record. That application can be downloaded from our website or can be mailed to you by calling the Changes Unit direct at 517-335-8660.

INFORMATION NEEDED TO LOCATE BIRTH RECORD TO BE CHANGED
If any birth information is unknown, please indicate "unknown"

STATE FILE NUMBER (If known) _____

NAME AT BIRTH **First** **Middle** **Last**

GENDER
- □ **Male**
- □ **Female**

DATE OF BIRTH (mm/dd/yyyy)

IF THE PERSON ON RECORD IS ADOPTED OR HAS HAD A LEGAL NAME CHANGE (OTHER THAN MARRIAGE) PLEASE INDICATE THAT NAME HERE
□ **Adoption**
□ **Legal Name Change** **First** **Middle** **Last**

PLACE OF BIRTH: **Hospital** **City** **County**

MOTHER'S NAME BEFORE FIRST MARRIED: **First** **Middle** **Last**

FATHER'S NAME: **First** **Middle** **Last**

SEE BACK FOR CURRENT FEES, PHOTO ID REQUIREMENTS AND PROCESSING TIMES

CHANGES REQUESTED: ITEM IN ERROR	INFORMATION AS IT SHOULD APPEAR

REQUIRED DOCUMENTATION

Changes or corrections to birth records that can be made by this office are limited by law and are subject to very specific supporting documentation. In general, you must include with this application, at least two (2) pieces of dated documentary evidence. To change any part of the name requires two documents dated close to the time of birth. (Exception: Only one document dated five years ago is required to correct the spelling of the first or middle name of the person named on the record). If you are requesting that the name on the record be changed due to a legal name change, only the court order is needed for documentation. If you need more information or have questions, you may call our Changes Unit direct at **517-335-8660**.

SIGNATURE(S) REQUIRED TO PROCESS APPLICATION. When two parents are named on the record, both parents' signatures and current, valid photo identification are required to correct, add or change a child's name, unless a court order of legal name change is supplied.

Signature of Person Requesting Change: Date:

Other Signature: Date:

PHOTO ID REQUIREMENTS FOR CHANGING OR CORRECTING A MICHIGAN BIRTH RECORD

*** Please Send Photocopies - Not Original Documents ***

Under Michigan law, birth records are restricted documents, and a current valid, photo identification is required in order to establish eligibility to request a change or correction to a registered birth record. To protect you and the community from identity theft, we require a copy of the applicant's photo identification to be presented along with the application.

At least one of the following photo ID's:

- Michigan driver's license unexpired or expired for not more than one year
- State of Michigan identification card unexpired or expired for not more than one year
- Driver's license or official identification card issued by another state in the U.S., jurisdiction or territory, unexpired, or expired for not more than one year.
- Unexpired U.S. or foreign passport
- U.S. military identification, military dependent identification or veteran's identification

Or, if you do not have one of the above, at least one of the following photo ID's, with stated supporting documents:

- Employment identification with photo, accompanied with a pay stub or W-2 form
- School, university or college identification with photo, accompanied with a report card or other proof of current school enrollment
- Michigan driver's license expired for more than one year, accompanied by a motor vehicle registration or title, a bridge card, MI-Health card, inmate probation or discharge documents, a veteran's DD-214, or an original copy of an Affidavit of Parentage
- Department of Corrections identification card, accompanied by probation or discharge papers
- If an inmate currently incarcerated, a Department of Corrections identification card, accompanied by a verification of incarceration by the facility on letterhead

If you are unable to provide any of the above mentioned forms of identification, please contact the Michigan Vital Records Changes Unit at 517-335-8660 and speak with a changes specialist.

PAYMENT - The fee for correcting or changing a Michigan birth record is $50.00 and includes one copy of the record with the changes made. Additional copies of the new record are available for $16.00 each when ordered at the same time. **Payment must be by check or money order and made payable to the "State of Michigan."**

PROCESSING TIME – Normal processing time for all changes or corrections will be 5-6 weeks from the date all documentation, payments and photo ID are received in the State Vital Records Office. A 2-3 week rush processing is available for an additional fee.

Application Fee **(Non-Refundable)** Fee includes one (1) certified copy of the record	$50.00	$ 50.00
_____ Additional Certified Copies	$16.00 Each	$
Rush Fee	$25.00	$
TOTAL ENCLOSED:		$

PENALTIES: Any person who willfully and knowingly makes false application to change a Michigan birth record may be fined and/or imprisoned pursuant to MCL 333.2894(1)(b) and (c).

For Accounting Use Only

Note: Applications sent to the Vital Records post office box with an overnight delivery are not received in Vital Records for three (3) days

MEDICAL AFFIDAVIT

In compliance with statute 333.2831(c) of the Michigan Compiled Laws, I certify that sex-reassignment surgery has been performed on the individual listed below.

Patient's Name (please print): _____
(Current Full Name)

Date of Birth: _____/_____/_____
Month Day Year

New Name (please print): _____
(New Name to be on Birth Certificate, if applicable)

I am the attending physician of the patient named above, with whom I have a doctor/patient relationship. The individual named above has had appropriate surgical procedures completed for gender transition to the new gender of ☐ female.
☐ male.

I declare that the foregoing is true and correct*.

Physician's Full Name (please print): _____

Medical License Number: _____ Issuing State: _____

Drug Enforcement Administration (DEA) Registration Number: _____

Specialty: ☐ Internist ☐ Endocrinologist ☐ Gynecologist
☐ Urologist ☐ Psychiatrist ☐ Other: _____

Mailing Address: _____

City/State/Zip: _____

Telephone Number: _____

Physician's Signature: _____ Date: _____

Notary Statement:

Signed and sworn before me on the _____ day of _____, in the year _____.

Notary in _____ County, State of _____.

My commission expires on _____.

_____ _____
Printed Name of Notary Signature of Notary

* Supplying false information to be used in the preparation of a vital record is prohibited by Michigan law (MCL 333.2894)

(Rev. 02/2016)

APPLICATION FOR A U.S. PASSPORT

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

I applied: Place: _____ Date: _____

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.

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 U.S. PASSPORT BOOK OR U.S. 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 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.

IMPORTANT NOTICE TO APPLICANTS WHO HAVE HAD A PREVIOUS U.S. PASSPORT BOOK AND/OR PASSPORT CARD

LOST OR STOLEN - You are required to submit a Form DS-64, Statement Regarding a Lost or Stolen U.S. Passport, when your valid or potentially valid U.S. passport book and/or passport card cannot be submitted with this application.

IN MY POSSESSION - If your most recent U.S.passport book and/or passport card was issued less than 15 years ago, and you were over the age of 16 at the time of issuance, you may be eligible to use Form DS-82 to renew your passport by mail. If your most recent passport is valid and needs additional pages, you can submit your passport, form DS-4085, and the current fee.

SPECIAL REQUIREMENTS FOR CHILDREN

- **AS DIRECTED BY PUBLIC LAW 106-113 AND 22 CFR 51.28:**

To submit an application for a child under age 16 both parents or the child's legal guardian(s) must appear and present the following:
- Evidence of the child's U.S. citizenship;
- Evidence of the child's relationship to parents/guardian(s); **AND**
- Parental/guardian government-issued identification.

IF ONLY ONE PARENT APPEARS, YOU MUST ALSO SUBMIT ONE OF THE FOLLOWING:
- Second parent's notarized written statement or DS-3053 (including the child's full name and date of birth) consenting to the passport issuance for the child. The notarized statement cannot be more than **three** months old and must be signed and notarized on the same day, and must come with a photocopy of the front and back side of the second parent's government-issued photo identification; **OR**
- Second parent's death certificate if second parent is deceased; **OR**
- Primary evidence of sole authority to apply; **OR**
- A written statement or DS-5525 (made under penalty of perjury) explaining in detail the second parent's unavailability.

- **AS DIRECTED BY REGULATION 22 C.F.R. 51.21 AND 51.28:**
- Each minor child applying for a U.S. passport book and/or passport card must appear in person.

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.

WHAT TO SUBMIT WITH THIS FORM:

1. **PROOF OF U.S. CITIZENSHIP** (Evidence of U.S. citizenship that is not damaged, altered, or forged will be returned to you.)
2. **PROOF OF IDENTITY** (You must present your original identification **AND** submit a photocopy of the front and back side with your passport application.)
3. **RECENT COLOR PHOTOGRAPH** (Photograph must meet passport requirements – full front view of the face and 2x2 inches in size.)
4. **FEES** (Please visit our website at **travel.state.gov** for current fees.)

See page 2 of the instructions for detailed information on the completion and submission of this form.

WHERE TO SUBMIT THIS FORM:

Please complete and submit this application in person to one of the following acceptance agents: a clerk of a federal or state court of record or a judge or clerk of a probate court accepting applications; a designated municipal or county official; a designated postal employee at an authorized post office; an agent at a passport agency (by appointment only); or a U.S. consular official at a U.S. Embassy or Consulate, if abroad. To find your nearest acceptance facility, visit **travel.state.gov** or contact the National Passport Information Center at 1-877-487-2778.

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 herein 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.

1. PROOF OF U.S. CITIZENSHIP

APPLICANTS BORN IN THE UNITED STATES: Submit a previous U.S. passport or **certified** birth certificate. Passports that are limited in validity will need to be supplemented by other evidence. A birth certificate must include your full name, date and place of birth, sex, date the birth record was filed, the seal or other certification of the official custodian of such records (state, county, or city/town office), and the full names of your parent(s).

- If the birth certificate was filed more than 1 year after the birth: It must be supported by evidence described in the next paragraph.
- If no birth record exists: Submit a registrar's notice to that effect. Also, submit a combination of the evidence listed below, which should include your given name and surname, date and/or place of birth, and the seal or other certification of the office (if customary), and the signature of the issuing official.
  - A hospital birth record;
  - An early baptismal or circumcision certificate;
  - Early census, school, medical, or family Bible records;
  - Insurance files or published birth announcements (such as a newspaper article); and
  - Notarized affidavits (or DS-10, *Birth Affidavit*) of older blood relatives having knowledge of your birth may be submitted **in addition** to some of the records listed above.

APPLICANTS BORN OUTSIDE THE UNITED STATES: Submit a previous U.S. passport, Certificate of Naturalization, Certificate of Citizenship, Report of Birth Abroad, or evidence described below:

- If you claim citizenship through naturalization of parent(s): Submit the Certificate(s) of Naturalization of your parent(s), your foreign birth certificate (and official translation if the document is not in English), proof of your admission to the United States for permanent residence, **and** your parents' marriage/certificate and/or evidence that you were in the legal and physical custody of your U.S. citizen parent, if applicable.
- If you claim citizenship through birth abroad to at least one U.S. citizen parent: Submit a Consular Report of Birth (Form FS-240), Certification of Birth (Form DS-1350 or FS-545), **or** your foreign birth certificate (and official translation if the document is not in English), proof of U.S. citizenship of your parent, your parents' marriage certificate, **and** an affidavit showing all of your U.S. citizen parents' periods and places of residence/physical presence in the United States and abroad before your birth.
- If you claim citizenship through adoption by a U.S. citizen parent(s): Submit evidence of your permanent residence status, full and final adoption, **and** your U.S. citizen parent(s) evidence of legal and physical custody. (**NOTE**: Acquisition of U.S. citizenship for persons born abroad and adopted only applies if the applicant was born on or after 02/28/1983.)

ADDITIONAL EVIDENCE: You must establish your citizenship to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your claim to U.S. citizenship. Visit travel.state.gov for details.

You may receive your newly issued passport book and/or card and your returned citizenship evidence in two separate mailings. If you are applying for both a U.S. passport book and passport 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 issued passport card.

- **If you are 16 years of age or older:** Your U.S. passport will be valid for 10 years from the date of issue except where limited by the Secretary of State to a shorter period. (See information below about the additional cost for expedited service.)

- **If you are under 16 years of age:** Your U.S. passport will be valid for five years from the date of issue except where limited by the Secretary of State to a shorter period. (See information below about the additional cost for expedited service.)

2. PROOF OF IDENTITY

You may submit items such as the following containing your signature AND a photograph that is a good likeness of you: previous or current U.S. passport book; previous or current U.S. passport card; driver's license (not temporary or learner's license); Certificate of Naturalization; Certificate of Citizenship; military identification; or federal, state, or municipal government employee identification card. Temporary or altered documents are not acceptable.

You must establish your identity to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your identity. If you have changed your name, please see **travel.state.gov** for instructions.

IF YOU CANNOT PROVIDE DOCUMENTARY EVIDENCE OF IDENTITY as stated above, you must appear with an IDENTIFYING WITNESS who is a U.S. citizen, non-citizen U.S. national, or permanent resident alien who has known you for at least two years. Your witness must prove his or her identity and complete and sign an Affidavit of Identifying Witness (Form DS-71) before the acceptance agent. You must also submit some identification of your own.

3. 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 color, clear, with a full front view of your face, and 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, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes 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. Any photograph retouched so that your appearance is changed is unacceptable. A snapshot, most vending machine prints, 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.

4. FEES

*CURRENT FEES ARE LISTED ON OUR WEBSITE AT **TRAVEL.STATE.GOV**. BY LAW, THE PASSPORT FEES ARE NON-REFUNDABLE.*

- **The passport processing, execution, and security fees may be paid in any of the following forms:** Checks (personal, certified, or traveler's) with the applicant's full name and date of birth printed on the front; major credit card (Visa, Master Card, American Express, and Discover); bank draft or cashier's check; money order (U.S. Postal, international, currency exchange), or if abroad, the foreign currency equivalent, or a check drawn on a U.S. bank. All fees should be payable to the "U.S. Department of State" or if abroad, the appropriate U.S. Embassy or U.S. Consulate. When applying at a designated acceptance facility, the execution fee will be paid separately and should be made payable to the acceptance facility. **NOTE: Some designated acceptance facilities do not accept credit cards as a form of payment.**

- **For faster processing,** you may request expedited service. Please include the expedite fee in your payment. Our website contains updated information regarding fees and processing times for expedited service. Expedited service is available only in the United States.

- **If you desire OVERNIGHT DELIVERY SERVICE** for the return of your passport, please include the appropriate fee with your payment.

- An additional fee will be charged when, upon your request, the U.S. Department of State verifies issuance of a previous U.S. passport or Consular Report of Birth Abroad because you are unable to submit evidence of U.S. citizenship.

- **For applicants with U.S. government or military authorization for no-fee passports,** no fees are charged except the execution fee when applying at a designated acceptance facility.

NOTE REGARDING MAILING ADDRESSES

Passport Services will not mail a U.S. passport to a private address outside the United States. 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" in item # 8. If your mailing address changes prior to receipt of your new passport, please contact the National Passport Information Center.

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 you need to provide information to us.

FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 U.S.C. 6039E) requires 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 not 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 STATE DEPARTMENT 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.

REMITTANCE OF FEES

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 Department will refer the debt to the U.S. Department of Treasury for collection. Debt collection procedures used by 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.

OTHER USES 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.

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.

PROTECT YOURSELF AGAINST IDENTITY THEFT!
REPORT YOUR LOST OR STOLEN PASSPORT BOOK OR PASSPORT CARD!

For more information regarding reporting a lost or stolen U.S. passport book or passport card and the Form DS-64, your eligibility to submit a Form DS-82 or how to request additional visa pages, call NPIC at 1-877-487-2778 or visit **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 one of your given names you list on item 1 of this form.

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.

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" 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, 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 requested in order to verify your identity. Failure to provide your Social Security number on this form may delay processing of your application.

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 your Social Security number and the other information on this form is voluntary, but failure to provide the information on this form may, given the form's purpose of verification of identity and entitlement to a U.S. passport, result in processing delays or denial of the passport application.

Failure to provide your Social Security number may also 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 as authorized and generally described in this section. Providing your Social Security number and other information requested on this form is otherwise voluntary.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 95 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 2201 C Street NW, Washington, D.C. 20520.

APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0004
OMB EXPIRATION DATE: 01-31-2017
ESTIMATED BURDEN: 95 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.

☐ 28 Page Book (Standard) ☐ 52 Page Book (Non-Standard)

Note: The 52 page 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.

☐ D ☐ O ☐ Dep **DOTS** _____

End. # _____ **Exp.** _____

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 Address *(e.g., my_email@domain.com)*

@

7. Primary Contact Phone Number

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)*

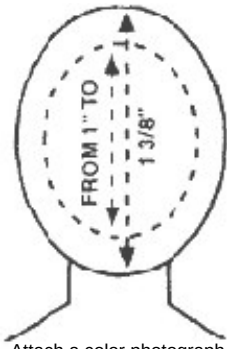
City **State** **Zip Code** **Country**, if outside the United States

9. List all other names you have used. *(Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)*

A.

B.

STAPLE 2" X 2" STAPLE



2" X 2" STAPLE STAPLE

Attach a color photograph taken within the last six months

STOP! CONTINUE TO PAGE 2

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)

☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other _____

Name _____

Issue Date *(mm/dd/yyyy)* Exp. Date *(mm/dd/yyyy)* State of Issuance

ID No Country of Issuance

Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)

☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other _____

Name _____

Issue Date *(mm/dd/yyyy)* Exp. Date *(mm/dd/yyyy)* State of Issuance

ID No Country of Issuance

☐ Acceptance Agent ☐ (Vice) Consul USA

☐ Passport Staff Agent

(Seal)

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 attached to 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.

Name of courier company (*if applicable*)

Facility ID Number

x _____

Applicant's Legal Signature - age 16 and older

Facility Name/Location

Agent ID Number

x _____

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

Signature of person authorized to accept applications

Date

x _____

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

For Issuing Office Only → Bk _____ Card _____ EF _____ Postage _____ Execution _____ Other _____

* DS 11 C 09 2013 1 *

Name of Applicant *(Last, First, & Middle)*

Date of Birth *(mm/dd/yyyy)*

10. Parental Information

Mother/Father/Parent - First & Middle Name

Last Name *(at Parent's Birth)*

Date of Birth *(mm/dd/yyyy)*

Place of Birth

Sex ☐ Male ☐ Female

U.S. Citizen? ☐ Yes ☐ No

Mother/Father/Parent - First & Middle Name

Last Name *(at Parent's Birth)*

Date of Birth *(mm/dd/yyyy)*

Place of Birth

Sex ☐ Male ☐ Female

U.S. Citizen? ☐ Yes ☐ No

11. Have you ever been married? ☐ Yes ☐ No *If yes, complete the remaining items in #11.*

Full Name of Current Spouse or Most Recent Spouse

Date of Birth (mm/dd/yyyy)

Place of Birth

U.S. Citizen? ☐ Yes ☐ No

Date of Marriage *(mm/dd/yyyy)*

Have you ever been widowed or divorced? ☐ Yes ☐ No

Widow/Divorce Date *(mm/dd/yyyy)*

12. Additional Contact Phone Number

☐ Home ☐ Work ☐ Cell _____

13. Occupation *(if age 16 or older)*

14. Employer or School *(if applicable)*

15. Height

16. Hair Color

17. Eye Color

18. Travel Plans

Departure Date *(mm/dd/yyyy)*

Return Date *(mm/dd/yyyy)*

Countries to be Visited

19. 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

20. 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

21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? ☐ Yes ☐ No *If yes, complete the remaining items in #21.*

Name as printed on your most recent passport book

Most recent passport book number

Most recent passport book issue date *(mm/dd/yyyy)*

Status of your most recent passport book: ☐ Submitting with application ☐ Stolen ☐ Lost ☐ In my possession *(if expired)*

Name as printed on your most recent passport card

Most recent passport card number

Most recent passport card issue date *(mm/dd/yyyy)*

Status of your most recent passport card: ☐ Submitting with application ☐ Stolen ☐ Lost ☐ In my possession *(if expired)*

PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY

Name as it appears on citizenship evidence _____

☐ Birth Certificate SR CR City Filed: Issued:

☐ Nat. / Citz. Cert. USCIS USDC Date/Place Acquired: A#

☐ Report of Birth Filed/Place:

☐ Passport C/R S/R Per PIERS #/DOI:

☐ Other:

☐ Attached:

☐ P/C of ID ☐ DS-3053 ☐ DS-64 ☐ DS-5520 ☐ DS-5513 ☐ Citz W/S

☐ P/C of Citz ☐ DS-10 ☐ DS-86 ☐ DS-71 ☐ IRL ☐ CIS Ver

* DS 11 C 09 2013 2 *

(Attending Physician's Official Letterhead)

I, (physician's full name), (physician's medical license or certificate number), (issuing State of medical license/certificate), am the attending physician of (name of patient), with whom I have a doctor/patient relationship.

(Name of patient) has had appropriate clinical treatment for gender transition to the new gender (specify new gender male or female).

Or

(Name of patient) is in the process of gender transition to the new gender (specify new gender male or female).

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

(Signature of Physician)

(Typed Name of Physician)

(Date)