

Obtaining New or Replacement Documents

The Chadbourne attorney will often be scheduled to help young people obtain new or replacement documents, such as birth certificates, social security cards, state IDs or passports.

The following is an overview of the process for how you can help young people obtain these documents. If you have time and if the young person has the necessary information, you should go through the relevant application with the young person and help the young person fill it out:¹

1. **Birth Certificates:** To obtain a copy of a New York City birth certificate, the young person must fill out an application (see Attachment A hereto) and must present proof of identity. Proof of identity can be shown with a valid photo ID, an inmate photo ID with release papers or with two utility bills or letters from government agencies bearing the applicant's name and address (for more, see page two of Attachment A, "Birth Certificate Identification Requirements").² A copy of a birth certificate currently costs \$15.
 - **Application Forms:** Application forms can be found in the resource drawer of at the Chadbourne desk in the folder marked "Replacement Birth Certificate Applications."
 - In the same folder, you can also find additional information on obtaining birth certificates and directions to the Office of Vital Records for walk-in applications.
 - **Additional Information:** For additional information on birth certificates, including information on how to apply for a correction to a birth certificate, go the Department of Health website at www.nyc.gov/html/doh/home.html.
2. **Social Security Cards:** To obtain an original, duplicate or corrected social security card, an individual must fill out an application (see Attachment B hereto) and must present certain original documents to the social security office, either in person or by mail.³ Currently, there is no fee for a

¹ For documents not addressed here, you can check the resources drawer of the Chadbourne desk, ask other attorneys at The Door or search for the website of the document-issuing authority, which website will likely list the requirements for obtaining the needed document.

² Note that young people who do not have any of the listed identification may still be able to obtain a copy of their birth certificate if they meet the "exceptional situations" requirements set forth on the application. See page 2 of Attachment A.

³ While it is acceptable to mail original documents, you should highly recommend that the young person take the documents and application in person to the nearest social security office to avoid any risk of losing the young person's original copies. You can find office locations on the SSA website.

replacement social security card. To apply for a social security card, the young person will need to provide the following identification:

- **For an Original Social Security Card:** At least two documents proving (a) age; (b) identity; and (c) U.S. citizenship or lawful alien status.
- **For a Duplicate Copy:** (a) Proof of identity and (b) if the young person applying for the duplicate was born outside of the U.S., proof of U.S. citizenship or lawful alien status. When applying for a duplicate, it is helpful if the young person knows his or her social security number.
- **For a Corrected Social Security Card:** The young person must provide one or more documents that identify the young person by the old name and new name (for example, a marriage certificate). In the alternative, the young person can provide two identity documents.
- **Proof of Identity:** Acceptable forms of proof of identity include: (1) Driver's license; (2) Employee ID card; (3) Passport; (4) Marriage or divorce record; (5) Health insurance card; (6) Military record; (7) Life insurance card; or (8) School ID card.
- **The Application Form:** For more information on the requirements, see Attachment B hereto. Application forms can be found in the resource drawer of the Chadbourne desk in the folder marked "Social Security Card Applications." For more information on social security cards, you can also go to www.ssa.gov.

3. **New York State Driver's License, Learner Permit or Non-Driver ID:** To apply for a New York State driver's license, learner permit or non-driver ID, a young person must fill out form MV-44 (attached hereto as Attachment C). If the young person is under the age of 16, he or she must receive parental consent. As a general matter, the young person will need to provide a number of proofs of identity, including proof of birth date and a social security card. Additional requirements apply for applicants who were not born in the U.S.

- **Required Documents for Each Type of Application:** There are different requirements for a driver's license, a learner permit, a non-driver ID and a replacement of any of the former. For the requirements for each, see the first two pages of Attachment C.
- **Acceptable Documents for Proof of Identity:** There are a variety of acceptable proofs and what is needed varies depending on what the young person is applying for. For a complete list of acceptable proof of identity, see the third and fourth pages of Attachment C (Form ID-44).

- **The Application Form:** The application form (MV-44) is attached as pages five and six of Attachment C. There are copies of the application and all related materials listed above in the resource drawer of the Chadbourne desk in the folder marked “New York State Identification Applications.” For more information on these requirements, you can also go to www.nydmv.state.ny.us.
4. **U.S. Passports:** If a young person has lost his or her passport, they need to apply for a new passport and fill out a lost or stolen passport report (see the first two pages of Attachment D hereto). For young people who want to apply for a passport for the first time, see pages three through eight of Attachment D. Note that applicants under the age of 14 will need to have both of their parents or their legal guardian come with them to apply or have their parents or legal guardian fill out a Statement of Consent (see pages nine and 10 of Attachment D).
- **Other Requirements:** In addition to the application and parental consent (if the young person is under 14), the young person will need (a) proof of U.S. citizenship; (b) proof of identity; and (c) two recent photographs. For information on these requirements, see page four of Attachment D. Fees for passports currently range from \$90 to \$100, depending on the age of the applicant.
 - **Application Form:** There are copies of the application and all related materials listed above in the resource drawer of the Chadbourne desk in the folder marked “U.S. Passport Applications.” For more information on these requirements and on obtaining passports, you can go to www.travel.state.gov/passport.
5. **Replacement Green Cards:** If a young person comes to you for help replacing a Green Card, you should give them Form I-90, Application to Replace Permanent Resident Card (attached hereto as Attachment E, along with a supplemental memorandum). In addition to filling out the application, the young person will also need to present the following evidence: (a) The prior card or other evidence of identity (as set forth on the instructions to the I-90); (b) two identical passport-style photographs; (c) fingerprints; and (d) corrected or updated biographical information. For more information on these requirements, see the Instructions page of Attachment E. A replacement Green Card currently costs \$185, plus \$70 for fingerprinting.
- **Application Form:** There are copies of the application and instructions in the resource drawer of the Chadbourne desk in the folder marked “Replacement Green Card Applications.” For more information on these requirements, you can also go to <http://uscis.gov>.

- Please note that the only way to file an I-90 is through infopass or online. You may want to speak to one of the immigration attorneys about this process. The Legal Services Center does not assist young people in making I-90 applications, though we can give them the forms.

Attachment A

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OFFICE OF VITAL RECORDS
125 Worth Street, CN 4, Room 133
New York, N.Y. 10013-4090

SEE IDENTIFICATION REQUIREMENTS ON REVERSE

APPLICATION FOR A BIRTH RECORD

(Print All Items Clearly)

1. LAST NAME ON BIRTH RECORD		2. FIRST NAME		3. <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
4. DATE OF BIRTH Month: Day: Year:		5. PLACE OF BIRTH (NAME OF HOSPITAL, OR IF AT HOME, NO. AND STREET)		6. BOROUGH OF BIRTH	
7. MOTHER'S MAIDEN NAME (NAME BEFORE MARRIAGE) FIRST: LAST:				8. CERTIFICATE NUMBER (IF KNOWN)	
9. FATHER'S NAME FIRST: LAST:				(FOR OFFICE USE ONLY)	
10. NO. OF COPIES		11. YOUR RELATIONSHIP TO PERSON NAMED ON BIRTH RECORD IF SELF, STATE "SELF"			
12. FOR WHAT PURPOSE ARE YOU GOING TO USE THIS BIRTH RECORD					
NOTE: Copy of a birth record can be issued only to persons to whom the record of birth relates, if of age, or a parent or other lawful representative. IF THIS REQUEST IS NOT FOR YOUR OWN BIRTH RECORD OR THAT OF YOUR CHILD, NOTARIZED AUTHORIZATION FROM THE PARENT OR THE PERSON NAMED ON THE CERTIFICATE MUST BE PRESENTED WITH THIS APPLICATION.					
Section 3.19, New York City Health Code provides, in part: "...no person shall make a false, untrue or misleading statement or forge the signature of another on a certificate, application, registration, report or other document required to be prepared pursuant to this Code." Section 558 (e) of the New York City Charter provides that any violation of the Health Code shall be treated and punished as a misdemeanor.					

SIGN / PRINT YOUR NAME AND RECORD YOUR ADDRESS BELOW

SIGNATURE		PRINT NAME	
STREET ADDRESS		APT. NO.	
CITY		STATE	
DAYTIME TELEPHONE NUMBER		ZIP CODE	
Area Code		Telephone Number	

NOTE: PLEASE ATTACH A STAMPED, SELF-ADDRESSED ENVELOPE

FEES

SEARCH FOR TWO CONSECUTIVE YEARS AND ONE COPY, OR A CERTIFIED "NOT FOUND STATEMENT"	\$15.00
EACH ADDITIONAL COPY REQUESTED	\$15.00
EACH EXTRA YEAR SEARCHED (WITH THIS APPLICATION)	\$ 3.00
1. Make check or money order payable to: N.Y.C. Department of Health and Mental Hygiene. CASH NOT ACCEPTED BY MAIL.	
2. If from a foreign country, send an international money order or check drawn on a U.S. Bank.	

Birth Certificate Identification Requirements

Valid Photo-Identification Defined: Identification (ID) with a photograph of the bearer that has the signature of the bearer. ID must be issued by an officially recognized organization or agency and includes the following types of ID: Driver's License, Employment ID, Government ID, Social Services ID, and a Passport.

	For Yourself or Your Child:	Someone other than Self/Child:
Walk-in Customers	<ul style="list-style-type: none"> Valid photo-ID, OR Inmate photo-ID with Release Papers, OR Two of the following showing your name and address: <ul style="list-style-type: none"> Utility/Telephone Bills Letter from Government Agency WITHOUT VALID PHOTO-ID, CERTIFICATE WILL BE MAILED 	<ul style="list-style-type: none"> Your valid photo-ID, AND Other person's valid photo-ID, AND An original, notarized letter from the person authorizing his or her certificate's release to you.
Mail-in Requests	<ul style="list-style-type: none"> Copy of valid photo-ID, OR Two of the following showing your name and address: <ul style="list-style-type: none"> Utility/Telephone Bills Letter from Government Agency 	<ul style="list-style-type: none"> A copy of your valid photo-ID, AND A copy of the other persons photo-ID, AND An original, notarized letter from the person authorizing their certificate's release to you.
Credit Card Orders By telephone including form filler automated service For yourself or your child only	<ul style="list-style-type: none"> Valid Credit Card Identification verified by Health Department computer system 	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">Save Time!</p> <p>WEB SITE: www.nyc.gov</p> <p>MAIL YOUR APPLICATION TO: NYC Department of Health and Mental Hygiene Office of Vital Records 125 Worth St., CN 4, Rm. 133 New York, N.Y. 10013-4090 OR</p> <p>FAX TO (FOR CREDIT CARD ORDERING ONLY): 1 (212) 962-6105 if calling from 5 boros, NYC OR 1 (800) 908-9146 if calling from outside NYC</p> <p>PHONE: 1 (212) 788-4520 for Credit Card Service OR</p> <p>WALK-IN: When the lines are shortest from 9-10 AM or 3-4:30 PM</p> <p style="text-align: center;">The following fees apply: Certificates - \$15.00 Credit Card Handling - \$5.50 Express Mailing Service for Credit Card Orders - \$12.50</p> </div>
Faxed Requests For yourself or your child only	<ul style="list-style-type: none"> Valid Credit Card verified by Health Department computer system 	

Requirements for those with exceptional situations who are unable to meet Birth Identification Criteria: Issuance criteria for yourself and your child **ONLY**

Without valid Photo-ID, your certificate will be mailed to you

Official Agency Letter Defined: Without valid, signed photo-identification you must obtain a letter from an official agency such as the police department or a social services office on their letterhead, which confirms your exceptional situation. Additional criteria are described below.

Walk-in Customers	<ul style="list-style-type: none"> Official Agency Letter, AND One of the following showing your name and address: A Utility Bill, a Telephone Bill, or a Letter from a Government Agency, i.e., A Social Security award letter, OR A notarized letter from your landlord that verifies your name and residence, WITH a Telephone or Utility Bill showing the Landlord's name and address.
Mail-in Requests	
Faxed Requests	

Birth Certificates

Walk-In Service

We are located at:
125 Worth Street, Room 133
(located between Centre and Lafayette Streets)
New York, NY 10013

Our hours are:
9:00 AM to 4:30 PM
The lines are shortest from 9 - 10:30 AM and from 3 - 4:30 PM.

How you can reach us:

- • #4, 5, or 6 Train to Brooklyn Bridge/City Hall
- • J, or M Train to Chambers Street
- • #1, or 2 Train to Chambers Street
- • A or C Train to Chambers Street
- • E Train to Canal Street
- • M1 or M22 Bus to Worth Street

What information you should be prepared to provide:

- • Full name as listed on the birth certificate
- • Sex (male or female)
- • Date of birth
- • Mother's maiden name (her name prior to first marriage)
- • Father's full name (if available)
- • Hospital or street where birth occurred and the borough
- • Your relationship to the owner
- • Your mailing address
- • Reason why you are requesting the certificate

When using our walk-in service please go to Room 133. The cost is \$15 for each certified copy. You may pay the cashiers using cash, check or a money order.

Certificates will be released upon presentation of a signed, valid photo ID, such as a passport, driver's license, or employee ID.

If you are applying for a certificate on behalf of someone else, you must provide us with an original, notarized letter signed by that person authorizing release of their certificate to you. You must also bring with you that person's photo ID as well as your own.

Attachment B

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is easy AND it is free!

USE THIS APPLICATION TO APPLY FOR:

- An **original** Social Security card
- A **duplicate** Social Security card (same name and number)
- A **corrected** Social Security card (name change and same number)
- A **change of information** on your record other than your name (no card needed)

IMPORTANT: You **MUST** provide the required evidence or we cannot process the application. Follow the instructions below to provide the information and evidence we need.

- STEP 1** Read pages 1 through 3 which explain how to complete the application and what evidence we need.
- STEP 2** Complete and sign the application using BLUE or BLACK ink. Do not use pencil or other colors of ink. Please print legibly.
- STEP 3** Submit the completed and signed application with all required evidence to any Social Security office.

HOW TO COMPLETE THIS APPLICATION

Most items on the form are self-explanatory. Those that need explanation are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

2. Show the address where you can receive your card 10 to 14 days from now.
3. If you check "Legal Alien **Not** Allowed to Work," you need to provide a document from the government agency requiring your Social Security number that explains why you need a number and that you meet all of the requirements for the benefit or service except for the number. A State or local agency requirement must conform with Federal law.

If you check "Other," you need to provide proof you are entitled to a federally-funded benefit for which a Social Security number is required as a condition for you to receive payment.

5. Providing race/ethnic information is voluntary. However, if you do give us this information, it helps us prepare statistical reports on how Social Security programs affect people. We do not reveal the identities of individuals.
6. Show the month, day and full (4 digit) year of birth, for example, "1998" for year of birth.
- 8.B. Show the mother's Social Security number only if you are applying for an original Social Security card for a child under age 18. You may leave this item blank if the mother does not have a number or you do not know the mother's number. We will still be able to assign a number to the child.
- 9.B. Show the father's Social Security number only if you are applying for an original Social Security card for a child under age 18. You may leave this item blank if the father does not have a number or you do not know the father's number. We will still be able to assign a number to the child.

-
13. If the date of birth you show in item 6 is different from the date of birth you used on a prior application for a Social Security card, show the date of birth you used on the prior application and submit evidence of age to support the date of birth in item 6.
16. You **must** sign the application yourself if you are age 18 or older and are physically and mentally capable. If you are under age 18, you may also sign the application if you are physically and mentally capable. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. If you are physically or mentally incapable of signing the application, generally a parent, close relative, or legal guardian may sign the application. Call us if you need clarification about who can sign.
-

ABOUT YOUR DOCUMENTS

- We need **ORIGINAL** documents or **copies certified by the custodian of the record**. We will return your documents after we have seen them.
 - We cannot accept photocopies or notarized copies of documents.
 - If your documents do not meet this requirement, we cannot process your application.
-

DOCUMENTS WE NEED

To apply for an **ORIGINAL CARD** (you have NEVER been assigned a Social Security number before), we need at least 2 documents as proof of:

- Age,
- Identity, and
- U.S. citizenship or lawful alien status.

To apply for a **DUPLICATE CARD** (same number, same name), we need proof of **identity**.

To apply for a **CORRECTED CARD** (same number, different name), we need proof of **identity**. We need one or more documents which identify you by the OLD NAME on our records and your NEW NAME. Examples include: a marriage certificate, divorce decree, or a court order that changes your name. Or we can accept two identity documents - one in your old name and one in your new name. (See IDENTITY, for examples of identity documents.)

IMPORTANT: If you are applying for a duplicate or corrected card and were **born outside the U.S.**, we also need proof of U.S. citizenship or lawful alien status. (See U.S. CITIZENSHIP or ALIEN STATUS for examples of documents you can submit.)

AGE: We prefer to see your birth certificate. However, we can accept another document that shows your age. Some of the other documents we can accept are:

- Hospital record of your birth (created at the time of your birth)
- Religious record showing your age made before you were 3 months old
- Passport
- Adoption record (the adoption record must indicate that the birth data was taken from the original birth certificate)

Call us for advice if you cannot obtain one of these documents.

IDENTITY: We must see a document in the name you want shown on the card. The identity document must be of recent issuance so that we can determine your continued existence. We prefer to see a document with a photograph. However, we can generally accept a non-photo identity document if it has enough information to identify you (e.g., your name, as well as age, date of birth or parents' names). **WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD OR CARD STUB, OR SOCIAL SECURITY RECORD** as evidence of identity. Some documents we can accept are:

- Driver's license
- Employee ID card
- Passport
- Marriage or divorce record
- Adoption record (only if not being used to establish age)
- Health insurance card (not a Medicare card)
- Military record
- Life insurance policy
- School ID card

As evidence of identity for infants and young children, we can accept :

- Doctor, clinic, hospital record
- Daycare center, school record
- Religious record (e.g., baptismal record)

IMPORTANT: If you are **applying for a card on behalf of someone else**, you must provide evidence that establishes your authority to sign the application on behalf of the person to whom the card will be issued. In addition, we must see proof of identity for both you and the person to whom the card will be issued.

U. S. CITIZENSHIP: We can accept most documents that show you were born in the U.S. If you are a U.S. citizen born outside the U.S., show us a U.S. consular report of birth, a U.S. passport, a Certificate of Citizenship, or a Certificate of Naturalization.

ALIEN STATUS: We need to see an unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, I-688B, or I-766. We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card if you are lawfully here and need the number for a valid nonwork reason. (See HOW TO COMPLETE THIS APPLICATION, Item 3.) Your card will be marked to show you cannot work. If you do work, we will notify DHS.

To **CHANGE INFORMATION** on your record other than your name, we need proof of:

- **Identity**, and
- **Another document which supports the change** (for example, a birth certificate to change your date and/or place of birth or parents' names).

HOW TO SUBMIT THIS APPLICATION

In most cases, you can mail this application with your evidence documents to any Social Security office. We will return your documents to you. If you do not want to mail your original documents, take them with this application to the nearest Social Security office.

EXCEPTION: If you are age 12 or older and have never been assigned a number before, you must apply in person.

If you have any questions about this form, or about the documents we need, please contact any Social Security office. A telephone call will help you make sure you have everything you need to apply for a card or change information on your record. You can find your nearest office in your local phone directory or on our website at www.socialsecurity.gov.

THE PAPERWORK/PRIVACY ACT AND YOUR APPLICATION

The Privacy Act of 1974 requires us to give each person the following notice when applying for a Social Security number.

Sections 205(c) and 702 of the Social Security Act allow us to collect the facts we ask for on this form.

We use the facts you provide on this form to assign you a Social Security number and to issue you a Social Security card. You do not have to give us these facts, however, without them we cannot issue you a Social Security number or a card. Without a number, you may not be able to get a job and could lose Social Security benefits in the future.

The Social Security number is also used by the Internal Revenue Service for tax administration purposes as an identifier in processing tax returns of persons who have income which is reported to the Internal Revenue Service and by persons who are claimed as dependents on someone's Federal income tax return.

We may disclose information as necessary to administer Social Security programs, including to appropriate law enforcement agencies to investigate alleged violations of Social Security law; to other government agencies for administering entitlement, health, and welfare programs such as Medicaid, Medicare, veterans benefits, military pension, and civil service annuities, black lung, housing, student loans, railroad retirement benefits, and food stamps; to the Internal Revenue Service for Federal tax administration; and to employers and former employers to properly prepare wage reports. We may also disclose information as required by Federal law, for example, to the Department of Homeland Security, to identify and locate aliens in the U.S.; to the Selective Service System for draft registration; and to the Department of Health and Human Services for child support enforcement purposes. We may verify Social Security numbers for State motor vehicle agencies that use the number in issuing drivers licenses, as authorized by the Social Security Act. Finally, we may disclose information to your Congressional representative if they request information to answer questions you ask him or her.

We may use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies to determine whether a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME → <small>TO BE SHOWN ON CARD</small>	First	Full Middle Name	Last
	FULL NAME AT BIRTH <small>IF OTHER THAN ABOVE</small>	First	Full Middle Name	Last
	OTHER NAMES USED			
2	MAILING ADDRESS → <small>Do Not Abbreviate</small>	Street Address, Apt. No., PO Box, Rural Route No.		
		City	State	Zip Code
3	CITIZENSHIP → <small>(Check One)</small>	<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 1) <input type="checkbox"/> Other (See Instructions On Page 1)		
4	SEX →	<input type="checkbox"/> Male <input type="checkbox"/> Female		
5	RACE/ETHNIC DESCRIPTION → <small>(Check One Only - Voluntary)</small>	<input type="checkbox"/> Asian, Asian-American or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> North American Indian or Alaskan Native <input type="checkbox"/> White (Not Hispanic)		
6	DATE OF BIRTH → <small>Month, Day, Year</small>	7 PLACE OF BIRTH → <small>(Do Not Abbreviate)</small> City State or Foreign Country FCI Office Use Only		
8	A. MOTHER'S MAIDEN NAME →			
	B. MOTHER'S SOCIAL SECURITY NUMBER →	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> □ □ □ - □ □ - □ □ □ □ </div>		
9	A. FATHER'S NAME →	First	Full Middle Name	Last
	B. FATHER'S SOCIAL SECURITY NUMBER →	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> □ □ □ - □ □ - □ □ □ □ </div>		
10	Has the applicant 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 11-13.) <input type="checkbox"/> No (If "no", go on to question 14.) <input type="checkbox"/> Don't Know (If "don't know", go on to question 14.)			
11	Enter the Social Security number previously assigned to the person listed in item 1. →	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> □ □ □ - □ □ - □ □ □ □ </div>		
12	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. →	First	Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card. →	Month, Day, Year		
14	TODAY'S DATE → <small>Month, Day, Year</small>	15 DAYTIME PHONE NUMBER () <small>Area Code Number</small>		
16	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.			
17	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
PBC	EVI	EVA	EVC	PRA
ITV		NWR	DNR	UNIT
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
			DATE	
			DATE	

Attachment C



New York State Department of Motor Vehicles HOW TO APPLY FOR A NEW YORK:



Learner Permit

Driver License

Non-Driver ID Card

(Please see page 2 for Instructions)

TO GET A ↓	YOU MUST →	Fill Out MV-44	Bring Proof of Name (see ID-44)	Bring Proof of D.O.B. (see ID-44)	Pass Written Test	Pass Eye Test	ALSO Bring Your ↓	Additional Information
Learner permit for the first time		✓	✓	✓	✓	✓	Social Security Card	New drivers receive a permit that can be valid for more than one year. Fee includes \$10.00 application fee, document processing fee and license fee – total will not be more than \$60.00.
Note: This also applies if your license or permit is expired more than 2 years								
Learner permit (if permit expired within 2 years.)		✓			✓	✓	Expired permit or proof of name (see ID-44)	Written test may be waived if you passed the last test within 2 years. If your permit expired more than 2 years ago, you must apply for a new permit. See above.
Higher class license or to add a license class		✓			✓ (except if going from Class D to E)		Current license or proof of name (see ID-44)	You must obtain a learner permit and pass a skills test unless you are changing from a Class D to E. There is a \$40.00 skills test fee if you want a Class A, B, C or Non-CDL C. An additional license amendment fee is charged if you upgrade to a higher class.
NYS license in exchange for an out-of-state license		✓	✓	✓		✓	Social Security Card and out-of-state license	Both written test and road test may be waived if you hold an out-of-state license that is valid or that expired within the last 12 months. The out-of-state license must have been in effect for <u>six months</u> to qualify for a test waiver. The out-of-state license must be turned in to obtain a New York license.
Replacement of lost, mutilated or stolen license, permit, or non-driver ID card		✓	✓				Old document (unless lost or stolen)	Fee is \$10.00 for a replacement license, \$10.00 for a replacement permit, \$8.00 for a replacement non-driver ID card (or \$6.50 if over 62 years old or SSI recipient). If your license or permit was stolen or destroyed as a result of a crime, bring the MV-78B form completed by the police agency or a letter from the police agency. Any fee may be waived.
Name change		✓	✓ (Proof of your new name)				Current photo license, permit, or non-driver ID card or proof of former name (see ID-44)	You must present an original US marriage or US divorce record or court-issued name change decree, or 6 points of ID in your new name. There is a \$5 document processing fee.
Senior License (Change from DJ or MJ to D or M license)		✓					Current license or proof of name (see ID-44)	If you are 17 years old, bring in your Driver Education Certificate of Completion (MV-285). Fee is \$5.00 for a license.
License/ID Card renewal in-person	✓ (if you do not have your MV-2 renewal letter)					✓ License Only	Current license/ID Card or proof of name (see ID-44) Social Security Card (ID Card Only)	If your license/ID Card expired more than 2 years ago, you must apply for a new learner permit/ID Card.
Non-driver ID card and you never had a license or permit, or your license or permit expired over 2 years ago		✓	✓	✓			Social Security Card	If you are not yet 16 years old, your parent or guardian must complete the CONSENT SECTION on page 2 of the MV-44. Exact fee will be determined when you receive the ID card. Average fees are \$9.00 for 4 years, and \$13.00 for 8 years. If you are 62 years of age or older, or an SSI recipient, a ten-year card costs \$6.50.
Non-driver ID card and you have a license or permit (current or expired within 2 years)		✓					License or permit or proof of name (see ID-44)	

INSTRUCTIONS

WHERE TO GET FORMS

The MV-44 (*Application for Driver License or Non-Driver ID Card*) and the ID-44 (*Proofs of Identity - list of acceptable proofs of name and date of birth*) are both available at any Motor Vehicles office and at the DMV Internet office (www.nysdmv.com).

EYE TEST REQUIREMENT

Eye tests may be taken at any Motor Vehicles office OR you may bring in Form MV-619 (*Eye Test Report*) completed by a medical doctor, registered nurse, optometrist or optician based on an eye exam you have had within the last 6 months.

MINIMUM AGE FOR APPLICATION

You must be at least 16 years old when you complete a driver license application. Parental consent is required if you are under 18, unless you are 17 years old and have a Driver Education Certificate of Completion (*MV-285*). A Non-Driver ID Card is available if you are under 16, with parental consent.

PAYMENT OF FEES

Please make any checks or money orders payable to "Commissioner of Motor Vehicles". Cash and major credit cards are also accepted at any Motor Vehicles office.

REQUIREMENT TO SHOW SOCIAL SECURITY CARD

You must show your Social Security Card the first time you apply for a NYS permit, driver license or ID card, when you renew your ID card, or if your permit, license or ID card is expired more than two years (*and also, if DMV has no record of your social security number*). If you are ineligible for a Social Security Card, you must present a letter from the Social Security Administration (SSA) issued within 30 days of your application to DMV, confirming your ineligibility. You must also show the INS documentation that the SSA used to determine that you are not eligible.

HOW TO REGISTER TO VOTE OR CHANGE ADDRESS WITH THE BOARD OF ELECTIONS

You can register to vote, or change your address with the Board of Elections, by completing the Voter Registration Application at the same time you are completing the MV-44 (*Application for Driver License or Non-Driver ID Card*) OR the MV-2 License or Non-Driver ID Renewal Letter. The Voter Registration Application is part of the DMV forms. We will forward the application directly to the Board of Elections. If you aren't completing a license or non-driver ID card activity with DMV, you can complete a New York State Voter Registration Application Form (*NVRA-04*) and mail it to the Board of Elections yourself. These forms are available at any Motor Vehicles office.

HOW TO ENROLL IN THE ORGAN AND TISSUE DONOR REGISTRY WITH THE NYS HEALTH DEPARTMENT

If you are completing the MV-44 (*Application for Driver License or Non-Driver ID Card*), just check the box in the "New York State Organ and Tissue Donor Registry Box" section. By checking the box, you are authorizing DMV to send your name and other identifying information to the NYS Health Department for inclusion in its Organ/Tissue Registry. You are also authorizing the NYS Health Department to allow access to Registry information **ONLY** to federally regulated procurement organizations and NYS licensed tissue banks and hospitals. The NYS Health Department will send you more information about this lifesaving program. You can also enroll at renewal time by checking the box at the bottom of the MV-2 (*License or Non-Driver ID Renewal Letter*).

If you already have a license, learner permit, or Non-Driver ID card, you can still enroll in the Organ and Tissue Donor Registry by completing the MV-44 (*Application for Driver License or Non-Driver ID Card*). DMV will forward your information to the NYS Health Department so they can include you in the Registry. You can also get an application to enroll in the Registry by visiting the NYS Health Department web site (www.health.state.ny.us).

**PROOFS OF IDENTITY**To use with the instruction sheet, **MV-44.1**, when applying for a:**Learner Permit****Driver License****Non-Driver ID Card***This form and the MV-44.1 are available to download from the DMV web site www.nysdmv.com***GENERAL REQUIREMENTS FOR PROOF OF IDENTITY**

- ◆ Before NYS DMV will issue any photo document (learner permit, driver license, non-driver ID Card) *for the first time, or if your document expired more than 2 years ago*, you must show the following proofs to NYS DMV:
 - Proof of your date of birth
 - **4 points** of proof of name along with your Social Security Card, or, if you are ineligible for a Social Security Card, 6 points of proof of name plus a letter of ineligibility from the Social Security Administration (SSA) issued within 30 days of your application to DMV, which confirms your ineligibility, along with the INS documentation that the SSA used to determine that you are ineligible. *All proofs of name must show the same name.*
- ◆ If you already have and can show a valid NYS DMV photo document, that is all you need as 6 points of proof of name to get a new or different photo document. However, if DMV has no record of your Social Security Number, you will have to show your Social Security Card.

In addition:

- ◆ At least one proof must have your signature on it.
- ◆ You must provide original documents, or documents certified by the agency that issued them. The only exception is: If DMV allows you to send the application *by mail*, send *photocopies* only.
- ◆ DMV will not accept more than one document of the same type proof. For example, 3 major credit cards count as only one credit card. DMV will accept only 1 INS document. The same INS document must be used for both proof of name and proof of date of birth.
- ◆ DMV will not accept documents with any alterations or erasures. We will confiscate all fraudulent documents and send them to DMV's Investigations Unit. *This could result in criminal prosecution.*

IMPORTANT: *Making a false statement in an application or in any proof or statement in conjunction with it, or deceiving or substituting, or causing another person to deceive or substitute in connection with such application, is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law for Non-Driver card applicants, and is a misdemeanor under Section 392 of the Vehicle and Traffic Law for driver license applicants, and may result in the revocation or suspension of your license.*

ACCEPTABLE DOCUMENTS FOR PROOF OF IDENTITY FOR LEARNER PERMIT, DRIVER LICENSE OR NON-DRIVER ID CARD	POINT VALUE FOR PROOF OF NAME	ACCEPTABLE AS PROOF OF DATE OF BIRTH?
Expired documents are NOT acceptable, except where specifically noted in the table below.		
US or US Territory Birth Certificate showing both first and last name, issued by a Board of Health, Bureau of Vital Statistics, or US State Department. (US Territories are: American Samoa, Guam, Mariana Islands, Marshall Islands, Puerto Rico, Virgin Islands and Wake Island.)	0	YES
NYS Photo Driver License /Learner Permit/Non-Driver ID Card. Must be current or not expired for more than 2 years.	6	NO
DMV form MV-45 IF UNDER AGE 21. Affidavit by a parent or legal guardian, signed in the presence of a DMV representative. See the MV-45 for more information.	4	NO
US Passport. Must be current or not expired for more than 2 years.	4	YES
US Military Photo ID Card (issued to active, reserve, and retired military personnel only)	3	YES
Certificate of Citizenship (N-560, N-561 or N-645)	3	YES
Certificate of Naturalization (N-550, N-570 or N-578)	3	YES
Employment Authorization Card (INS I-688B or I-766) with photo, issued by INS for at least 1 year or more, and valid for at least 6 more months .	3	YES
Permanent Resident Card I-551. - If your I-551 has Conditional Resident status code CR1 or CR2, it must have been issued by INS for at least 1 year or more, and be valid for at least 6 more months .	3	YES
Reentry Permit (I-327), issued by INS for at least 1 year or more, and valid for at least 6 more months .	3	YES
Refugee Travel Document (I-571), issued by INS for at least 1 year or more, and valid for at least 6 more months .	3	YES
Foreign Passport with a valid I-551 stamp. Passport must be in English or translated by an embassy. - If your I-551 stamp has Conditional Resident status code CR1 or CR2, it must have been issued by INS for at least 1 year or more, and be valid for at least 6 more months .	3	YES
<i>This table is continued on Page 2</i>		

ACCEPTABLE DOCUMENTS FOR PROOF OF IDENTITY FOR LEARNER PERMIT, DRIVER LICENSE OR NON-DRIVER ID CARD	POINT VALUE FOR PROOF OF NAME	ACCEPTABLE AS PROOF OF DATE OF BIRTH?
Expired documents are NOT acceptable, except where specifically noted in the table below.		
<p>Foreign Passport with a Visa and I-94 issued by INS for at least 1 year or more, and valid for at least 6 more months. Passport must be in English or translated by an embassy.</p> <p>Also, if your I-94 has status code:</p> <ul style="list-style-type: none"> - F1 (student) or F2 (spouse or child of student), you must also show the original stamped INS form I-20, with any subsequent I-20 and "notice of approval" (if appropriate). To be acceptable, the school that the applicant attends must be located within NYS. - J1 (exchange visitor) or J2 (spouse or child of exchange visitor), you must also show the original stamped INS form IAP-66 with any subsequent IAP-66 and "notice of approval" (if appropriate). - A1, A2, G1 or G3: Contact the Department of State to get a driver license, learner permit, or non-driver identification card. - G4: Apply for DMV services only at DMV's Herald Square office. - I: Bring a letter from the Foreign Press Center to DMV's Herald Square office. <p><i>Refugees who do not have a foreign passport, but hold an I-94 marked "admitted as refugee", must also submit a letter from an authorized Refugee Resettlement Agency.</i></p>	3	YES
Welfare/Medicaid/NY Food Stamp Card WITH Photo	3	NO
Welfare/Medicaid/NY Food Stamp Card WITHOUT Photo	2	NO
NYS Interim License or Computer-generated Learner Permit, without photo	2	NO
NYS or NYC Pistol Permit	2	NO
NYS Professional License	2	NO
NYS Registration Document (Vehicle or Boat only)	2	NO
NYS Certificate of Title	2	NO
Photo Driver License issued by another US State, jurisdiction or possession, or Canadian Province or territory. (This license must be current or expired no longer than 1 year).	2	NO
St. Regis Mohawk Tribe Photo Identification Card	2	NO
St. Regis Mohawk Tribe Photo Identification Card with Canadian Birth Certificate	2	YES
US College ID Card With Photo and Transcript	2	NO
US High School ID Card with Report Card	2	NO
US Marriage or Divorce Record OR Court Issued Name Change Decree	2	NO
US Social Security Card (must have signature) - A letter of ineligibility from the SSA is not acceptable for proof of name	2	NO
US Computer Printed Pay Stub (must have your name)	1	NO
US Employee ID Card	1	NO
US High School Diploma OR GED (General Equivalency Diploma)	1	NO
US Supermarket Check Cashing Card (must have your signature and pre-printed name)	1	NO
US Union Card	1	NO
US Health Insurance Card/Prescription Card	1	NO
US Life Insurance Policy (in effect at least 2 years)	1	NO
US Utility Bill (must include your name and address)	1	NO
Veterans Universal Access Photo ID Card	1	NO
W-2 Form (must have your Social Security number on it)	1	NO
<p>Only one of the following items, if issued by the same financial institution, can be submitted:</p> <ul style="list-style-type: none"> ◆ US Bank Statement ◆ US Cancelled Check (with your pre-printed name on it) ◆ US Cash Card (ATM) (must have your signature & pre-printed name) ◆ Valid Major US Credit Card 	1	NO



APPLICATION FOR DRIVER LICENSE OR NON-DRIVER ID CARD

PLEASE PRINT CLEARLY

This form is also available on DMV's web site at: www.nysdmv.com

Batch File No.	
Image No.	
ERC LIS	LAM LIN
ERN POR	LDP PAM
LNO PRN	PDP

I AM APPLYING FOR A (check any that apply):

<input type="checkbox"/> Learner Permit	<input type="checkbox"/> ID card	<input type="checkbox"/> Renewal	<input type="checkbox"/> Replacement	<input type="checkbox"/> Change	<input type="checkbox"/> Change out-of-state license for NYS license
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VOTER REGISTRATION QUESTIONS (Please answer "yes" or "no".)

If you are not registered to vote where you live now, would you like to apply to register, or if you are changing your address, would you like the Board of Elections to be notified?

NOTE: If you do not check either box, you will be considered to have decided not to register to vote.

<input type="checkbox"/> YES - Complete Voter Registration Application Section
<input type="checkbox"/> NO - I Decline to Register/Already Registered/I do not want to notify the Board of Elections of my change of address.

NEW YORK STATE ORGAN AND TISSUE DONOR REGISTRY

☐ By checking this box, you are authorizing the Department of Motor Vehicles to send your name and other identifying information to the NYS Health Department for inclusion in its Organ/Tissue Donor Registry. You are also authorizing the NYS Health Department to allow access to Registry information ONLY to federally regulated organ procurement organizations and NYS licensed tissue banks and hospitals. The NYS Health Department will send you more information about this lifesaving program.

LAST NAME	FIRST NAME	MIDDLE NAME
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DATE OF BIRTH Month Day Year	SEX Male Female <input type="checkbox"/> <input type="checkbox"/>	HEIGHT Feet Inches	EYE COLOR	SOCIAL SECURITY NUMBER* (SSN)
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DAY PHONE NO. (Optional)

Area Code	()
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* You must provide your SSN. Authority to collect your SSN is granted by Section 502 of the Vehicle and Traffic Law. The information will be used only for exchange with other jurisdictions, to assist in verification of identity, and to invoke driver license sanctions pursuant to V&T Law Section 510(4-e). Your number will not be given to the public, or appear on any form or information request.

ADDRESS WHERE YOU GET YOUR MAIL - Include Street Number and Name, Rural Delivery and/or box number (If PO Box, also fill in "Address Where You Live" below)

Apt. No.	City or Town	State	Zip Code	County
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ADDRESS WHERE YOU LIVE IF DIFFERENT FROM MAILING ADDRESS - DO NOT GIVE P.O. BOX

Apt. No.	City or Town	State	Zip Code	County
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Has your name changed?

☐ Yes ☐ No

Has your mailing address changed?

☐ Yes ☐ No

Has the address where you live changed?

☐ Yes ☐ No

If "Yes", print your former name exactly as it appears on your present license or non-driver ID card.

OTHER CHANGE: What is the change and the reason for it (new license class, wrong date of birth, etc.)?

Do you now have, or did you ever have: a New York driver license? ☐ Yes ☐ No or a non-driver ID Card? ☐ Yes ☐ No

ID NUMBER

If "Yes", enter the identification number as it appears on the license or non-driver ID card.

--

Do you have a license from another state, or a Canadian license, that is valid or that expired in the past year? ☐ Yes ☐ No

If "Yes", where was it issued

Date of Expiration:

Type of License

Driver License No.

PLEASE COMPLETE AND SIGN PAGE 2.

FOR OFFICE USE	Other Restrictions	OS	License Class	A	B	C	NCDL-C	D
	Endorsements		Special Conditions	DJ	E	ID	M	MJ
	Vehicle Restrictions			AM	CS	PP	DP	LR
				ML	NF	UC	UP	UR
STOP/RESPONSE			Proof Submitted	Approved By			Date	
<input type="checkbox"/> Failed to answer summons			<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Driver License/ID			<input type="checkbox"/> Credit Card	
<input type="checkbox"/> Insurance lapse			<input type="checkbox"/> Passport	<input type="checkbox"/> Learner Permit			<input type="checkbox"/> INS Papers	
<input type="checkbox"/> License/Permit Surrendered for Non-Driver ID Card			Other	<input type="checkbox"/> MV-45				

DRIVER LICENSE and LEARNER PERMIT APPLICANTS ONLY

1. Have you had, or are you being treated for, any of the following, or has a previous disability worsened? ☐ Yes ☐ No If "Yes", check all that apply.

- ☐ 1. Convulsive disorder, epilepsy, fainting or dizzy spells, or any condition which causes unconsciousness
☐ 2. Heart ailment
☐ 3. Hearing impairment
☐ 4. Lost use of leg, arm, foot, hand, or eye
☐ 5. Other (explain) _____

If you checked box 1, you and your doctor must complete form MV-80U.1, "Medical Statement for Medical Review Unit", if you checked box 2, your doctor must complete form MV-80, "Physician's Statement". These forms can be obtained at any Motor Vehicles office or at www.nysdmv.com. If you checked boxes 3, 4 or 5, you must contact a Motor Vehicles office for instructions.

2. Have you had a driver license, learner permit, or privilege to operate a motor vehicle suspended, revoked or cancelled, or an application for a license denied in this state or elsewhere? ☐ Yes ☐ No

If "Yes", has your license, permit or privilege been restored, or your application approved? ☐ Yes ☐ No

PARENT/GUARDIAN CONSENT

- ☐ Junior License
☐ Non-driver ID Card (under 16)

I am the parent or guardian of the applicant, and I consent to the issuance of a learner permit, license or (if under 16) a non-driver ID card to him/her. I understand that I am responsible for certifying that the applicant has completed at least 20 hours of supervised "practice" driving prior to the applicant taking a road test, and that this certification (MV-262) must be presented at the time of the road test. Note to parent/guardian: *If the driver license applicant is 17 years old and has a Driver Education Student Certificate of Completion (MV-285), consent is not required.*

Parent or Guardian
Sign Here

(Relationship to Applicant)

(Date)

ROAD TEST AND WRITTEN TEST WAIVER

If you have a license from another state or Canada, check the box to request exemption from the road test and written test.

- ☐ I request that the road test and written test be waived because I have a license issued by another state or Canadian province that is valid, or that expired in the past year.

By signing below, I certify that, when it was issued, I was a permanent resident of the state or province in which the license was issued, that I have been licensed for AT LEAST 6 MONTHS, and that I have not failed a road test for a New York State driver license in the past 12 months. I understand that waiver of the road test and written test is at the discretion of the Commissioner of Motor Vehicles.

COMMERCIAL DRIVER LICENSE APPLICANTS ONLY

If you are applying for a Commercial Driver License, do you certify that you comply with federal requirements set forth in 49 CFR Part 391? ☐ Yes ☐ No

CERTIFICATION - I state that the information I have given on this application is true to the best of my knowledge. If I am applying for a replacement license, I certify that I am the holder of a valid New York State driver license that is not now suspended or revoked, and that this license has been lost, mutilated or destroyed. If I am applying for a replacement non-driver ID card, I certify that I am the holder of a valid New York State non-driver ID card and that this non-driver ID card has been lost, mutilated or destroyed. If the lost license or non-driver ID card is found after I receive the replacement license or non-driver ID card, I will turn in the original to the NYS Department of Motor Vehicles. If I am a male at least 18 but less than 26 years of age, I consent to be registered with the Selective Service System (SSS), if so required by federal law. I authorize the Commissioner to forward to the SSS my personal information that is required for registration. If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.

SIGN HERE 
(Sign name in full)

PLEASE PRINT NAME

IMPORTANT: Making a false statement in any license or non-driver ID card application, or in any proof or statement in connection with it, or deceiving or substituting, or causing another person to deceive or substitute in connection with such application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may result in the revocation or suspension of your license or non-driver ID card.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes

to use my credit card for payment of any fees in connection with this application.

Sign
Here 

(Cardholder-Sign Name in Full)

TEST RESULTS			Applicant's Signature	Examiner's Initials
Eye	<input type="checkbox"/> Pass <input type="checkbox"/> Corrective Lens	1		
Written	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	2		

MV-44 (5/04)

NEW YORK STATE VOTER REGISTRATION APPLICATION INFORMATION

(Please read before you complete application below.)

OFFICE USE ONLY

You Can Use This Form To:

- register to vote in New York State
- change your name and/or address, if there is a change since you voted
- enroll in a political party or change your enrollment

To Register You Must:

- be a U.S. citizen
- be 18 years old by December 31 of the year in which you file this form (note: you must be 18 years old by the date of the general, primary or other election in which you want to vote.)
- live in the county, city or village for at least 30 days before the election.
- not be in jail or on parole for a felony conviction
- not claim the right to vote elsewhere

Información en español: si le interesa obtener este formulario de registro del votante en español, llame al 1-800-367-8683

中文資料：如果你有興趣索取選民中文登記表請電 1-800-367-8683

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the NYS Board of Elections, 40 Steuben Street, Albany, NY 12207-2109, Phone 1-800-469-6872.

If you have any questions about registering to vote, you should call your County Board of Elections or call 1-800-FOR-VOTE (only for Voter Registration questions). If you live in New York City, you should call 1-212-VOTE-NYC. Hearing impaired people with TDD may call 1-800-533-8683. You may also log on to our website for information at: www.elections.state.ny.us

MV-44 (5/04)

NEW YORK STATE VOTER REGISTRATION APPLICATION

(Fill out this part only if you want to register to vote or change your address or other information with the Board of Elections, and if you are also filling out the DMV application on Pages 1 and 2.)

If you register to vote, your completed voter registration application will be sent directly to the Board of Elections. If you decline to register, your decision will remain confidential. You will be notified by your County Board of Elections when your voter registration application has been processed.

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered NO, do not complete this form.</i>		I will be 18 years old on or before election day: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered NO, do not complete this form, unless you will be 18 by the end of the year</i>		Home Telephone Number (optional)
Last year voted	Your Address was (give house number, street, and city)		In county/state	Under the name (if different from your name now)

Choose a Party - Check one box only

- ☐ REPUBLICAN PARTY
☐ DEMOCRATIC PARTY
☐ INDEPENDENCE PARTY
☐ CONSERVATIVE PARTY
☐ WORKING FAMILIES PARTY
☐ OTHER (write in) _____
☐ I DO NOT WISH TO ENROLL IN A PARTY

Please note:

In order to vote in a **primary election**, you must be enrolled in a party.

AFFIDAVIT: I swear or affirm that

- I am a citizen of the United States.
- I will have lived in the county, city, or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State
- This is my signature or mark on the line below.
- The above information is true. I understand that if it is not true I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

↓ Signature or mark ↓

X

Date

Attachment D



STATEMENT REGARDING A LOST OR STOLEN PASSPORT

IMPORTANT NOTICE

A United States citizen may not normally bear more than one valid or potentially valid U.S. passport at a time. It therefore is necessary to submit a statement with an application for a new U.S. passport when a previous valid or potentially valid U.S. passport cannot be presented. Your statement must detail why the previous U.S. passport cannot be presented.

The information you provide on the DS-64, Statement Regarding a Lost or Stolen Passport will be placed into our Consular Lost or Stolen Passport System. This system is designed to prevent the misuse of your lost or stolen U.S. passport. Anyone using the passport book reported on the DS-64 may be detained upon entry into the United States. Should you locate the passport reported lost or stolen at a later time, you should report it as found and submit it for cancellation. It has been invalidated. You may not use that passport for travel.

**Protect yourself against identity theft!
Report a lost or stolen passport!**

Last Name		First Name	Middle Name
Has your name changed since the passport was issued? If yes, state the name in which the lost or stolen passport was issued.			
SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm dd-yyyy)	Place of Birth (State or Country)	Social Security Number
Current Address (Street, City, State, & Zip Code)			
Home Telephone Number ()	Work Telephone Number ()	E-mail Address	
What was your lost or stolen passport number?		When was your lost or stolen passport issued?	
What passport agency, embassy, or consulate issued your lost or stolen passport?			
How was your passport lost or stolen?			
Where and on what date did the loss or theft take place?			
If your passport was stolen, did you notify the police? If yes, explain when and where you notified the police.			
Have you made any effort to recover your passport? If yes, describe your efforts.			
Have you had any other U.S. passports lost or stolen? (Please give the approximate date of this loss or theft and any additional information you can provide.)			
Are you submitting this form in connection with an application for a new passport? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CERTIFICATION I, the undersigned, certify that the information furnished herein is correct and complete to the best of my knowledge and belief, and that I have not given my passport to another person or disposed of it in an unauthorized manner. I understand that my passport will be invalidated and cannot be used. If I subsequently find and recover it, I will immediately return it to Passport Services at the address on the back of this form or to the nearest passport agency.			
Signature		Date (mm-dd-yyyy)	
For Official Use Only			

For additional comments:

Send this form or a recovered lost or stolen passport to the following address:

U.S. Department of State
Passport Services
Consular Lost/Stolen Passport Section
Attn: CLASP
1111 19th Street, NW, Suite 500
Washington, DC 20036

For more information or to report your lost or stolen passport by phone, call: 202 955-0430
Or visit our website: www.travel.state.gov

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

AUTHORITIES: The information solicited on this form is requested pursuant to provisions in Titles 8 and 22 of the United States Code (U.S.C.), whether or not codified, including specifically 22 U.S.C. 211a and all regulations issued pursuant to Executive Order 11295 (August 5, 1966), including Part 51, Title 22, Code of Federal Regulations (CFR).

PURPOSE: The primary purpose for soliciting the information is to ensure that no person shall bear more than one valid or potentially valid United States passport at any one time, except as authorized by the U.S. Department of State, and to combat passport fraud and misuse.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies, to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement and administrative purposes. It may also be disclosed pursuant to court order. The information may be made available to foreign government agencies to fulfill passport control and immigration duties or to investigate or prosecute violations of law. The information may also be made available to private U.S. citizen 'wardens' designated by U.S. embassies and consulates.

Except as noted, failure to provide the information requested on this form may result in the denial of a United States passport, related documents, or service to the individual seeking such passport, documents, or service. The disclosure of your social security number on this form is voluntary and in accordance with the authorities listed above and will be used in the processing of your statement regarding your lost or stolen passport and as described in the preceding paragraphs.

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, DC 20520.

WARNING

False statements made knowingly and willfully in passport applications or in affidavits or other supporting documents submitted therewith are punishable by fine and/or imprisonment under provisions of 18 U.S.C. 1001 and/or 18 U.S.C. 1542. Alteration or mutilation of a U.S. passport is punishable by fine and/or imprisonment under provisions of 18 U.S.C. 1543. The use of a U.S. passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents submitted are subject to verification.



U.S. Department of State
APPLICATION FOR A US PASSPORT

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS.

I applied: Place: _____

Date: _____

FOR INFORMATION, QUESTIONS, AND INQUIRIES: Please visit our website at travel.state.gov. In addition, contact the National Passport Information Center (NPIC) toll-free at **1-877-487-2778** (TDD: **1-888-874-7793**) or by e-mail at NPIC@state.gov. Customer Service Representatives are available M-F, 8AM-8PM EST (excluding federal holidays). Automated information is available 24/7.

U.S. PASSPORTS ARE ISSUED ONLY TO U.S. CITIZENS OR NATIONALS. EACH PERSON MUST OBTAIN HIS OR HER OWN PASSPORT.

APPLICANTS WHO HAVE HAD A PREVIOUS US PASSPORT

If your most recent passport was issued less than 15 years ago and you were over 16 years old at the time of issuance, you may be eligible to use Form DS-82 (mail-in application). Please inquire about eligibility when you apply or visit our website or contact NPIC. Address any requests for addition of visa pages to a Passport Agency or a US consulate or embassy abroad. In advance of your departure, check visa requirements with consular officials of the countries you will be visiting.

SPECIAL REQUIREMENTS FOR CHILDREN

● **AS DIRECTED BY PUBLIC LAW 106-119 AND 22 CFR 51.27 EFFECTIVE JULY 2, 2001:**

To submit an application for a child under age 14 both parents or the child's legal guardian(s) must appear and present all of the following:

- Evidence of the child's US citizenship,
- Evidence of the child's relationship to parents/guardian(s), AND
- Parental identification.

IF ONLY ONE PARENT APPEARS YOU MUST ALSO SUBMIT ONE OF THE FOLLOWING:

- Second parent's notarized written statement consenting to passport issuance for the child,
- Primary evidence of sole authority to apply, OR
- A written statement (made under penalty of perjury) explaining the second parent's unavailability.

● **AS DIRECTED BY REGULATION 22 CFR 51 Effective February 1, 2004:**

Each minor child applying for a passport shall appear in person.

WHAT TO SUBMIT WITH THIS FORM:

1. PROOF OF US CITIZENSHIP
2. PROOF OF IDENTITY
3. TWO RECENT, COLOR PHOTOGRAPHS, AND
4. FEES (As explained on reverse of 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, State, or County 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; or an agent at a Passport Agency in Boston, Chicago, Honolulu, Houston, Los Angeles, Miami, New Orleans, New York, Norwalk CT, Philadelphia, San Francisco, Seattle, or Washington DC; or a US consular official at a US embassy or consulate, if abroad. To find your nearest acceptance facility, visit our website or contact the National Passport Information Center.

See Instruction Page 2 for detailed information on the completion and submission of this Form.

1. PROOF OF U.S. CITIZENSHIP

- a. **APPLICANTS BORN IN THE UNITED STATES:** Submit a previous U.S. passport or certified birth certificate. A birth certificate must include your given name and surname, date, and place of birth, date the birth record was filed, and the seal or other certification of the official custodian of such records.
- (1) If the birth certificate was filed more than 1 year after the birth: It is acceptable if it is supported by evidence described in the next paragraph.
 - (2) If no birth record exists: Submit registrar's notice to that effect. Also submit an early baptismal or circumcision certificate, hospital birth record, early census, school, or family Bible records, newspapers or insurance files, or notarized affidavits of persons having knowledge of your birth (in addition to at least one record listed above). Evidence should include your given name and surname, date and place of birth, and the seal or other certification of the issuing office (if customary) and the signature of the issuing official.
- b. **APPLICANTS BORN OUTSIDE THE UNITED STATES:** Submit a previous U.S. passport, Certificate of Naturalization, Certificate of Citizenship, Consular Report of Birth Abroad, or evidence described below.
- (1) If You Claim Citizenship Through Naturalization of Parent(s): Submit the Certificate(s) of Naturalization of your parent(s), your foreign birth certificate, and proof of your admission to the United States for permanent residence.
 - (2) If You Claim Citizenship Through Birth Abroad to 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, proof of citizenship of your parent, and an affidavit showing all of your U.S. citizen parent's periods and places of residence/physical presence in the United States and abroad before your birth.
 - (3) If You Claim Citizenship Through Birth Abroad to Two U.S. Citizen Parents: Submit a Consular Report of Birth (Form FS-240), Certification of Birth (Form DS-1350 or FS-545), or your foreign birth certificate, parent's marriage certificate, proof of citizenship of your parent(s), and an affidavit showing all of your U.S. citizen parent's periods and places of residence/physical presence in the United States and abroad before your birth.
 - (4) 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. (Please note: Acquisition of US citizenship for persons born abroad or adopted only applies if the applicant was born on or after 02/27/1983)
- c. **ADDITIONAL EVIDENCE:** When necessary, we may ask you to provide additional evidence to establish you claim to US citizenship.

2. PROOF OF IDENTITY

You must establish your identity to the satisfaction of the acceptance agent.

You may submit items such as the following containing your signature AND physical description or photograph that is a good likeness of you: previous U.S. passport, Certificate of Naturalization, Certificate of Citizenship, driver's license (not temporary or learner's license), or government (Federal, State, municipal) employee identification card or pass. Temporary or altered documents are not acceptable. When necessary, we may ask you to provide additional evidence to establish your identity.

IF YOU CANNOT PROVIDE DOCUMENT EVIDENCE OF IDENTITY as stated above, you must appear with an IDENTIFYING WITNESS who is a US citizen, non US citizen national, or permanent resident alien who has known you for at least 2 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. TWO RECENT, COLOR PHOTOGRAPHS

Submit two color photographs of you alone, sufficiently recent to be a good likeness of you (normally 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 photographs must be color, clear, with full front view of your face, and printed on thin paper with plain light (white or off-white) background. They must be capable of withstanding a mounting temperature of 225 Fahrenheit (107 Celsius). Photographs 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. Photographs retouched so that your appearance is changed are unacceptable. Snapshots, most vending machine prints, and magazine or full-length photographs are unacceptable. Digitized photos must meet the previously stated qualifications and will be accepted for use at the discretion of Passport Services. (Visit our website for details.)

4. FEES

- a. If you are 16 years of age or older: The passport processing fee is \$55, the application execution fee is \$30, and the security surcharge is \$12 therefore your **total cost for the passport will be \$97**. Your 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.)
- b. If you are 15 years of age or younger: The passport processing fee is \$40, the application execution fee is \$30, and the security surcharge is \$12, therefore your **total cost for the passport will be \$82**. Your passport will be valid for 5 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.)

BY LAW, THE PASSPORT PROCESSING, EXECUTION, AND SECURITY FEES ARE NON-REFUNDABLE.

- The passport processing, execution, and security fees may be paid in one of the following forms: Checks (personal, certified, traveler's); 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 consulate. When applying at a designated acceptance facility, the \$30 execution fee 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. Expedited requests will be processed in three workdays from receipt at a passport agency. The additional fee for expedited service is \$60. Therefore, if you choose to request expedited service and you are 16 years of age or older the **total cost of your US passport will be \$157** and if you are 15 years of age or younger the **total cost of your US passport will be \$142**. Expedited service is available only in the United States.
- If you desire **SPECIAL POSTAGE SERVICE** (overnight mail, special delivery, etc.), include the appropriate postage fee with your payment.
- An additional \$60 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 **US Government or military authorization for no-fee passports**, no fees are charged, except the execution fee when applying at a designated acceptance facility.
- If you choose to provide your e-mail address in Item #12 on this application, Passport Services will only use that information to contact you in the event there is a problem with your application or if you need to provide additional information to us.

FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 USC 6039E) requires you to provide your Social Security Number (SSN), if you have one, when you apply for a US passport or renewal of a US 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 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 MAKING PAYMENT BY CHECK

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.

PAYMENT OF FEES

31 USC 7701 requires persons "doing business" with a federal agency to provide their social security numbers to that agency. Because the U.S. Department of State collects fee for the provision of passport services to you, you are considered a person "doing business" with the Department. Passport service fees are established by law and regulation (see 22 USC 214, 22 CFR 22.1, and 22 CFR 51.61-66) 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 CFR Part 34 and the Federal Claims Collection Standards (see 31 CFR 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 Department of Treasury for collection. Debt collection procedures used by 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 will result in the invalidation of your passport. An invalidated passport cannot be used for travel.

OTHER USES OF SOCIAL SECURITY NUMBERS

In addition to reporting your Social Security Number to Treasury and using it in connection with debt collection, the Department checks Social Security Numbers against lists of persons ineligible or potentially ineligible to receive a US passport.

PAPERWORK REDUCTION STATEMENT

You are not required to provide the information requested on this form unless the form displays a currently valid OMB number. We try to create forms and instructions that can be easily understood. Often this is difficult to do because our citizenship laws are very complex. The estimated burden time for this information collection is 85 minutes, which includes the time required to search existing data sources, gather the necessary data, complete and review this form, and provide and submit the form and any additional information required. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write us at: U.S. Department of State (A/RPS/DIR), Washington, DC 20520.

IMPORTANT NOTICE TO APPLICANTS WHO HAVE LOST OR HAD A PREVIOUS PASSPORT STOLEN

A United States citizen may not normally bear more than one valid or potentially valid U.S. passport at a time. It therefore is necessary to submit a statement with an application for a new U.S. passport when a previous valid or potentially valid U.S. passport cannot be presented with an application for a new passport. Your statement must detail why the previous U.S. passport cannot be presented.

The information you provide regarding your lost or stolen U.S. passport will be placed into our Consular Lost or Stolen Passport System. This system is designed to prevent the misuse of your lost or stolen U.S. passport. Anyone using the passport book reported as lost or stolen may detained upon entry into the United States. Should you locate the U.S. passport reported lost or stolen at a later time, report it as found and submit it for cancellation. It has been invalidated. You may not use that passport for travel.

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

For more information or to report your lost or stolen passport by phone, call NPIC or visit our website at travel.state.gov.

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, 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.

PRIVACY ACT STATEMENT

AUTHORITIES: Collection of the information solicited on this form is authorized by Titles 8, 22, and 26 of the United States Code, whether or not codified, including specifically 22 USC 211a et seq.; 26 USC 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 CFR parts 50 and 51.

PURPOSE: The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a U.S. passport.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement and administration purposes. The information may be made available to foreign government agencies to fulfill passport control and immigration duties. The information may also be provided to foreign government agencies, international organizations and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address potential violations of law or to further the Secretary's responsibility for the protection of US citizens and non-citizen nationals abroad. The information may be made available to private US citizen 'wardens' designated by the US embassies and consulates. For a more detailed listing of the routine uses to which this information may be put, see the Prefatory Statement of Routine Uses and the listing of routine users set forth in the system descriptions for Overseas Citizen Services Records (State-05) and Passport Records (State-26) published in the Federal Register.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: With the exception of your Social Security Number (see Federal Tax Law statement on Instruction Page 3), you are not legally required to provide the information requested on this form. However, failure to do so may result in Passport Services' refusal to accept your application or result in the denial of a US passport.

ELECTRONIC PASSPORT STATEMENT

Early in 2005, the U.S. Department of State will begin issuing a new type of passport containing an embedded electronic chip and called an "Electronic Passport". The new passport will continue to be proof of the bearer's United States citizenship and identity, and will look and function in the same way as a passport without a chip. The addition of an electronic chip in the back cover will enable the new passport to carry a duplicate electronic copy of all information from the data page. The new passport will be usable at all ports-of-entry, including those that do not yet have electronic chip readers.

Use of the electronic format will provide the traveler the additional security protections inherent in chip technology. Moreover, when used at ports-of-entry equipped with electronic chip readers, the new passport will provide for faster clearance through some of the port-of-entry processes.

Issuance of this new passport will be phased in during an 18-month period. It is expected that by mid-2006 nearly all US passports will be issued in this new format. The new passport will not require special handling or treatment, but like previous versions should be protected from extreme bending and from immersion in water. The electronic chip must be read using specially formatted readers, and is not susceptible to unauthorized reading.

The cover of the new passport will be printed with a special symbol representing the embedded chip. The symbol "LOGO IMAGE" will appear in port-of-entry areas where the electronic passport can be read.

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.



U.S. Department of State APPLICATION FOR A US PASSPORT

OMB APPROVAL NO. 1405-0004
EXPIRATION DATE: 06/30/2005
ESTIMATED BURDEN: 85 Minutes
(See Instruction Page 3)

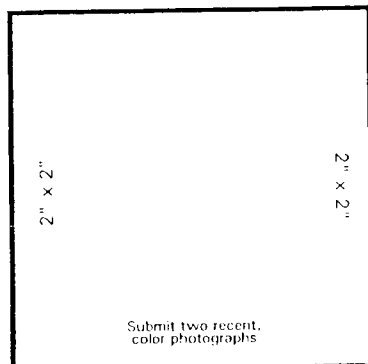
WARNING: False statements made knowingly and willfully in passport applications, including affidavits or other supporting documents submitted therewith, are punishable by fine and/or imprisonment under provisions of 18 USC 1001, and 18 USC 1542. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 USC 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 USC 1544. All statements and documents are subject to verification.

<div></div>		
<input type="checkbox"/> 5 Yr.	<input type="checkbox"/> 10 Yr.	Issue Date _____
<input type="checkbox"/> R	<input type="checkbox"/> D	<input type="checkbox"/> O <input type="checkbox"/> OP
End. # _____		Exp. _____

1. Name of Applicant			
Last		Suffix (Jr., Sr., III)	
First		Middle	
3. Sex	4. Place of Birth (City & State OR City & Country)	5. Social Security Number <small>(See Federal Tax Law Notice on Instruction Page 3)</small>	6. Alien Registration No. <small>(if applicable)</small>
<input type="checkbox"/> M <input type="checkbox"/> F			

7. Height	8. Hair Color	9. Eye Color	10. Occupation	11. Employer
Feet _____ Inches _____				

12. E-Mail Address (Optional)	13. Mailing Address		
	Street / RFD # OR Post Office Box		Apartment #
	City	State	Zip Code
	Country (if outside the US)		In Care of (if applicable)



14. Permanent Address or Residence (If same as mailing address write "Same As Above")		
Street / RFD # (DO NOT LIST P.O. BOX)		Apartment #
City	State	Zip Code
15. Home Telephone (Include Area Code)		16. Business Telephone (Include Area Code)
()		()

17. Have you ever applied for or been issued a US passport? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, complete the remaining items in block #17 and submit most recent passport.
Name in which your most recent passport was issued.		Status of recent passport Submitted <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> Other _____
Most recent passport number.		Approximate date your most recent US passport was issued or date you applied.

18. Travel Plans		
Date of Trip (mm-dd-yyyy)	Length of Trip	Countries to be Visited

19. Have you ever been married? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete the remaining items in block #19			
Spouse's or Former Spouse's Full Name		Is your spouse (or former spouse) a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date of Birth (mm-dd-yyyy)	Place of Birth	Date of Most Recent Marriage	Widowed? <input type="checkbox"/> Divorced? <input type="checkbox"/>
Give Date: _____			

20. What other names have you used? (Include name changes, maiden name, & former married names)			
1) _____	2) _____	3) _____	4) _____

NAME OF APPLICANT (Last, First, Middle)				Date of Birth (mm-dd-yyyy)	
21. Parental Information					
Mother's Maiden Name			Date of Birth		Place of Birth
Last	First	Middle			
Father's Name			Date of Birth		Place of Birth
Last	First	Middle			
Is your mother a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO			Is your father a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22. Emergency Contact Provide the information of a person not traveling with you to be contacted in the event of an emergency.					
Name			Street / RFD #		
Apartment #	City		State		Zip Code
Telephone ()		E-Mail Address (Optional)		Relationship	

STOP DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY PERSON ADMINISTERING OATH.

23. Oath & Signature	
I declare under penalty of perjury that I am a United States citizen and have not, since acquiring United State citizenship, performed any of the acts listed under "Acts or Conditions" on this application form (unless explanatory statement is attached). I solemnly swear (or affirm) that the statements made on this application are true and correct and the photograph attached is a true likeness of me.	

X _____
Applicant's Signature - age 14 and older

X _____
Mother's Legal Guardian's Signature (If identifying minor)

X _____
Father's Legal Guardian's Signature (If identifying minor)

Applicant's or Father's Identification Information

Type of Document	Issue Date
<input type="checkbox"/> Driver's License	Expiration Date
<input type="checkbox"/> Passport	Place of Issue
<input type="checkbox"/> Military Identification	
<input type="checkbox"/> Other (Specify)	
Name	
ID Number	

Mother's Identification Information

Type of Document	Issue Date
<input type="checkbox"/> Driver's License	Expiration Date
<input type="checkbox"/> Passport	Place of Issue
<input type="checkbox"/> Military Identification	
<input type="checkbox"/> Other (Specify)	
Name	
ID Number	

FOR ACCEPTANCE AGENT USE ONLY

Facility Identification Number _____

☐ Acceptance Agent; Facility Name & Location _____

☐ (Vice) Consul USA; Location _____

☐ Passport Services Staff Agent

Subscribed & sworn to (affirmed) before me _____

(Signature of person authorized to accept application)

Date (mm-dd-yyyy) _____

(SEAL)

For Issuing Office Use Only

Name as it appears on citizenship evidence: _____

☐ Birth Certificate ☐ SR ☐ CR ☐ City File Date: _____ Issue Date: _____

☐ Passport Issue Date: _____

☐ Report of Birth ☐ 240 ☐ 545 ☐ 1350 Issue Date: _____

☐ Naturalization Certificate Issue Date: _____ Cert. #: _____

☐ Citizenship Certificate Issue Date: _____ Cert. #: _____

☐ Other: _____

☐ Seen & Returned

☐ Attached: _____

APPLICATION APPROVAL

FEE _____ EXEC. _____ FF _____ OTHER _____



**STATEMENT OF CONSENT:
ISSUANCE OF A PASSPORT TO A MINOR UNDER AGE 14**

INSTRUCTIONS:

Complete items 1, 2, and 3.

Complete item 4a **if** you are a non-applying parent or guardian consenting to passport issuance for your minor child.

Complete item 4b **if** you are an applying parent or guardian and the written consent of the non-applying parent or guardian cannot be obtained.

Sign and date item 5.

1. Name of Child Under Age 14 (<i>Last, First, Middle</i>)	2. Date of Birth (<i>mm-dd-yyyy</i>)
--	--

3. Relationship to Child

4a. Statement of consent by non-applying parent or guardian when he or she will not be present at the time the applying parent or guardian submits the child's application.

"I, _____, give my consent to the issuance of a United States passport to my minor child named on this Statement."

Please sign and date in item #5 below.

4b. Statement of special circumstances by applying parent or guardian when the written consent of the non-applying parent or guardian cannot be obtained.

Please sign and date in item #5 below.

5. **OATH:** Please read the following oath and warning before signing.

I solemnly swear (or affirm), under penalty of perjury, that all statements made in this supporting document are true.

Date (*mm dd-yyyy*)

Signature of Parent or Guardian
Important: Please read warning below before signing

WARNING: False statements made knowingly and willfully in passport applications or in affidavits or other supporting documents submitted therewith are punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542 and/or 18 U.S.C. 1621(a)(2).

FEDERAL TAX LAW:

26 U.S.C. 6039E (Internal Revenue Code) requires a passport applicant to provide his or her name and social security number. If you have not been issued a social security number, enter zeros in the designated box. The U.S. Department of State must provide this information to the Internal Revenue Service routinely. Any applicant who fails to provide the required information is subject to a \$500 penalty enforced by the IRS. All questions on this matter should be referred to the nearest IRS office.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

AUTHORITIES: The information solicited on this form is requested pursuant to provisions in Titles 8, 18, and 22 of the United States Code, whether or not codified, including specifically 22 U.S.C. 211a, 212, and 213, and all regulations issued pursuant to Executive Order 11295 (August 5, 1966), including Part 51, Title 22, Code of Federal Regulations (CFR). Also, as specifically noted, pursuant to 26 U.S.C. 6039E.

PURPOSE: The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a U.S. passport. The information may also be used in connection with issuing other travel documents or evidence of citizenship, and in furtherance of the Secretary's responsibility for the protection of U.S. nationals abroad.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies to assist the U.S. Department of State in adjudicating passport applications and for law enforcement and administration purposes. It may also be disclosed pursuant to court order. The information may also be made available to foreign government agencies to fulfill passport control and immigration duties or to investigate or prosecute violations of law. The information may also be made available to private U.S. citizen 'wardens' designated by U.S. Embassies and Consulates.

Failure to provide the information requested on this form may also result in the denial of a United States passport, related document, or service to the individual seeking such passport, document, or service.

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, DC 20520.

For questions: Visit us at travel.state.gov or
Call the National Passport Information Center at 1-900-225-5674
(TDD: 1-900-225-7778) or with Visa, Master Card,
or American Express 1-888-362-8668 (TDD: 1-888-498-3648)

Attachment E



The Door's Legal Services Center
121 Avenue of the Americas
New York, NY 10013
Tel. (212) 941-9090 x3280
Fax. (212) 941-9579

Getting Greencards for Young People in Foster Care A Fact Sheet for Childcare Workers

Immigrant Youth in Foster Care

Most immigrants who are in this country without the permission of the United States government cannot do anything to become legal permanent residents, or greencard holders. Without a greencard, most immigrants cannot work legally, obtain federal financial aid for college, or apply for a section 8 voucher. Luckily, there is a special way for undocumented foster youth to get greencards. It is called Special Immigrant Juvenile Status. As a childcare worker, you play a crucial role in identifying the undocumented youth in your caseload and making sure they get the immigration help they need.

Identifying Children Who Need Immigration Help

The best way to know if a child might need immigration help is to look at his or her birth certificate. Agency staff must ensure that every child in foster care has a copy of his or her birth certificate. If the child has a U.S. birth certificate, that child is a United States citizen and does not need immigration help. To get a copy of a foreign birth certificate, take the child to the consulate of his or her home country. You must explain to the consulate that, because the child is in foster care, you have the right to get a copy of the birth certificate without the parent's permission. It is best to consult with an immigration lawyer to confirm the young person's immigration status. Even if the child was born outside of the U.S., he or she may already have a greencard or other legal status. Once you obtain the foreign birth certificate or other evidence that the child was born outside of the United States, you must refer the child to an immigration attorney.

Finding a Lawyer

Once you identify a young person who is not a citizen and does not have a greencard, you must find an immigration attorney for that child. A good place to start is by calling one of the resources at the bottom of the next page.

Getting Fees

The immigration lawyer will need your help in getting the many fees and documents for the application for Special Immigrant Juvenile Status. As of April, 2005, the application costs \$745. Immigration lawyers from certain non-profit agencies are also entitled to receive a fee of \$700 for their services. In addition, Immigration requires each applicant to submit to a medical exam by a designated Civil Surgeon. Since the exam is not for treatment purposes, it is not covered by Medicaid. Most Civil Surgeons charge between \$100-\$300 for this service. Finally, Immigration charges people with pending applications \$175 a year to renew their work authorization. The immigration attorney will give you detailed instructions regarding the payment of these fees.

Your agency must pay these amounts promptly upon request. ACS will reimburse your agency for many of these costs. Keep copies of all bills, invoices and receipts to send to the ACS case manager, along with a request for reimbursement for immigration-related expenses.

Getting Documents

Relevant documents include the child's birth certificate, foreign passport, and certificates of disposition in any criminal or delinquency proceedings. The consulate for the child's home country may charge a fee to issue a passport. Once again, your agency must produce these fees promptly upon request.

Timeline

Applying for legal permanent residence is a long process. Ninety days after his application is submitted, the young person becomes eligible for work authorization. Often, children in care don't receive their greencards until just before their 21st birthday. However, it is very important to submit the application as early as possible. **IN ORDER TO BE ELIGIBLE FOR A GREENCARD, THE YOUNG PERSON MUST REMAIN IN FOSTER CARE unless he or she is adopted or released to a court-appointed guardian. NEVER DISCHARGE AN IMMIGRANT CHILD FROM FOSTER CARE WITHOUT CONSULTING THE LAW GUARDIAN AND THE IMMIGRATION ATTORNEY FIRST.**

Questions

Harry Gelb, ACS Division of Legal Services
(718) 590-5438

The Door's Legal Services Center
(212) 941-9090 ext. 3280

I-90, Application to Replace Permanent Resident Card

INSTRUCTIONS

Purpose of This Form.

This form is for permanent residents and conditional residents to apply to the U.S. Citizenship and Immigration Services (USCIS) for replacement of permanent resident cards. If you are a conditional resident and your status is expiring, use Form I-751 to apply for the removal of conditions.

Who May File.

If you are a permanent resident or conditional resident, file this application:

- to replace a lost, stolen or destroyed card;
- to update a card after change of name or other biographic data;
- to replace a card that is mutilated;
- to replace a card that is incorrect on account of a USCIS error; or
- to replace a card that was never received.

If you are a permanent resident, you must also file this application:

- to replace a card that has an expiration date on it and is expiring; or
- within 30 days of your 14th birthday, to replace a card issued before your 14th birthday; or
- if you have been a lawful permanent resident in the U.S. and are now taking up Commuter status while actually residing outside the U.S.; or
- if you have been in resident Commuter status and are now taking up actual residence in the U.S.; or
- if your status has been automatically converted to permanent resident; or
- when you have an older edition of the card and must replace it with the current type of card.

General Filing Instructions.

Please answer all questions by typing or clearly printing in black ink. Indicate that an item is not applicable with "N/A." If an answer is "none," write "none." If you need extra space to answer any item, attach a sheet of paper with your name and your alien registration number (A#), and indicate the number of the item to which the answer refers. You must file your application with the required Initial Evidence. Every application must be properly signed and accompanied by the appropriate fee (See "Fee" on this page). If you are under 14 years of age, your parent or guardian may sign the application on your behalf.

Translations. Any foreign language document must be accompanied by a full English translation which the translator has certified as complete and correct, and by the translator's certification that he or she is competent to translate the foreign language into English.

Copies. If these instructions state that a copy of a document may be filed with this application, and you choose to send us the original, we may keep that original for our records.

Initial Evidence.

You must file your application with:

- **Your Prior Card or other Evidence of Identity.** You must submit your original permanent resident card with your application unless it has been lost, stolen, destroyed or you never received it. If your card has an expiration date on it, and it is expiring, you will be required to present your card at the time of the in-person appearance, and may be required to submit the card with the application at that time. If you have been automatically converted to permanent resident status, you must attach your original temporary status document.

If these instructions do not require that you submit your original permanent resident card, submit a copy if you have one. If you do not have a copy, and are at least 18 years old, you must file your application with a copy of an identity document, such as a driver's license, passport or a copy of another document containing your name, date of birth, photograph and signature.

- **Photos.** You must submit two identical passport-style photographs in natural color of yourself taken within 30 days of this application. The photos must have a white background and be unmounted, printed on thin paper and be glossy and unretouched. The photos should show you in a full-frontal facial position with your head bare (unless you are wearing a headdress as required by a religious order of which you are a member). The photos should be no larger than 2 x 2 inches, with the distance from the top of the head to just below the chin about 1 and 1/4 inches. Lightly print your A# on the back of each photo with a pencil.
- **Fingerprints.** If you are filing this application to register as a result of turning 14 years of age, you must be fingerprinted. After filing this application, USCIS will notify you in writing of the time and location where you must go to be fingerprinted. Failure to appear to be fingerprinted may result in a denial of your application.
- **Correction or change in biographic data.** If you are applying to replace a card because of a name change, you must submit a copy of a court order or marriage certificate reflecting the new name. To replace a card because of a change in any other biographic data, you must submit copies of documentation to prove that the new data is correct. A replacement application based on an administrative USCIS error must also include an explanation.

Where to File.

Unless otherwise instructed, file this application in person at the local USCIS office having jurisdiction over where you live.

When you file in person you will have to complete the signature and fingerprint blocks of a Form I-89, Data Collection Form, at a USCIS office when you file this application. If you are instructed to mail this application to USCIS, you will be notified when to appear to complete the Form I-89. Appearance requirements may be waived in cases of confinement due to advanced age or physical infirmity.

If you are outside the United States, contact the nearest American Consulate, USCIS office or Port of Entry, before submitting this application.

Fee.

The fee for this application is **\$185.00**. If you must be fingerprinted in connection with this application (see instruction on Fingerprints), the fee for fingerprinting is **\$70.00**. You may submit one check or money order for both the application and fingerprinting fees, for a total of **\$255.00**. Fees must be submitted in the exact amount. Fees cannot be refunded. **Do not mail cash.**

All checks and money orders must be drawn on a bank or other institution located in the United States and must be payable in United States currency. The check or money order should be made payable to the **Department of Homeland Security**, unless:

- If you live in Guam, and are filing this application in Guam, make your check or money order payable to the "Treasurer, Guam."
- If you live in the U.S. Virgin Islands, and are filing this application in the U.S. Virgin Islands, make your check or money order payable to the "Commissioner of Finance of the Virgin Islands."

Checks are accepted subject to collection. An uncollected check in payment of an application fee will render the application and any document issued invalid. A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn.

Evidence of Registration.

A pending application for a replacement permanent resident card is temporary evidence of registration.

Processing Information.

Acceptance. Any application that is not signed or is not accompanied by the correct fee will be rejected with a notice that the application is deficient. You may correct the deficiency and resubmit the application. However, an application is not considered properly filed until it is accepted by USCIS.

Initial processing. Once the application has been accepted, it will be checked for completeness, including submission of the required initial evidence. If you do not completely fill out the form, you will not establish a basis for eligibility, and we may deny your application.

Requests for more information or interview. We may request more information or evidence or we may request that you appear at a USCIS office for an interview. We may also request that you submit the originals of any copy. We will return these originals when they are no longer required.

Decision. You will be notified in writing of the decision on your application. If your application is approved, and you have completed the required Form I-89, Data Collection Card, your card will be manufactured and sent to you.

Penalties.

If you knowingly and willfully falsify or conceal a material fact or submit a false document with this request, we will deny the benefit you are filing for and may deny any other immigration benefit. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution.

Privacy Act Notice.

We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit you are filing for. Our legal right to ask for this information is in 8 USC 1302 and 1304. We may provide this information to other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your request.

Paperwork Reduction Act Notice.

A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is computed as follows: (1) 10 minutes to learn about the law and form; (2) 10 minutes to complete the form; and (3) 35 minutes to assemble and file the application, including the required in person filing; for a total estimated average of 55 minutes per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529; OMB No. 1115-0004. **Do not mail your completed application to this address.**

Department of Homeland Security
U.S. Citizenship and Immigration Service

I-90, Application to Replace Permanent Resident Card

START HERE - Please type or print in black ink.

For USCIS Use Only

Part 1. Information about you.

Family Name	Given Name	Middle Initial
U.S. Mailing Address - C/O		
Street Number and Name		Apt. #
City		
State		ZIP Code
Date of Birth (Month/Day/Year)		Country of Birth
Social Security #		A #

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	

Part 2. Application type.

1. My status is: (check one)

- a. ☐ Permanent Resident - (Not a Commuter)
b. ☐ Permanent Resident - (Commuter)
c. ☐ Conditional Permanent Resident

2. Reason for application: (check one)

I am a Permanent Resident or Conditional Permanent Resident and:

- a. ☐ my card was lost, stolen, or destroyed. I have attached a copy of an identity document.
b. ☐ my authorized card was never received. I have attached a copy of an identity document.
c. ☐ my card is mutilated. I have attached the mutilated card.
d. ☐ my card was issued with incorrect information because of USCIS administrative error. I have attached the incorrect card and evidence of the correct information.
e. ☐ my name or other biographic information has changed since the card was issued. I have attached my present card and evidence of the new information.

I am a Permanent Resident and:

- f. ☐ my present card has an expiration date and it is expiring.
g. ☐ I have reached my 14th birthday since my card was issued. I have attached my present card.
h. 1. ☐ I have taken up Commuter status. I have attached my present card and evidence of my foreign residence.
h. 2. ☐ I was a Commuter and am now taking up residence in the U.S. I have attached my present card and evidence of my residence in the U.S.
i. ☐ my status has been automatically converted to permanent resident. I have attached my Temporary Status
j. ☐ I have an old edition of the card.

Status as _____ Verified by _____
Class _____ Initials _____
FD-258 forwarded on _____
I-89 forwarded on _____
I-551 seen and returned _____ (Initials)
Photocopy of I-551 verified _____ (Initials)
Name _____ Date _____
Sticker # _____ (ten-digit number)

Action Block

Part 3. Processing information.

Mother's First Name	Father's First Name
City of Residence where you applied for an Immigrant Visa or Adjustment of Status	Consulate where Immigrant Visa was issued or USCIS office where status was Adjusted
City/Town/Village of Birth	Date of Admission as an immigrant or Adjustment of Status

To Be Completed by Attorney or Representative, if any
☐ Fill in box if G-28 is attached to represent the applicant

VOLAG#

ATTY State License #

Part 3. Processing information (continued):

If you entered the U.S. with an Immigrant Visa, also complete the following:

Destination in U.S. at
time of Admission

Port of Entry where
Admitted to U.S.

Are you in deportation or exclusion proceedings?

☐ No ☐ Yes

Since you were granted permanent residence, have you ever filed Form I-407, Abandonment by Alien of Status as Lawful Permanent Resident, or otherwise been judged to have abandoned your status? ☐ No ☐ Yes

If you answer yes to any of the above questions, explain in detail on a separate piece of paper.

Part 4. Signature. *(Read the information on penalties in the instructions before completing this section. You must file this application while in the*

I certify under penalty of perjury under the laws of the United States of America that this application, and the evidence submitted with it, is all true and correct. I authorize the release of any information from my records that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature

Date

Daytime Phone Number
()

NOTE: *If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you cannot be found eligible for the requested document and this application may be denied.*

Part 5. Signature of person preparing form, if other than above. *(Sign below)*

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature

Print Your Name

Date

Daytime Phone Number
()

Name and Address of Business/Organization (if applicable)