

# South Carolina Name Change Request Packet

This packet was created in an effort to assist transgender people in navigating the sometimes overwhelming process of undergoing a legal name change in the state of South Carolina.

The process varies by state, so if you do not reside in South Carolina, please check with an attorney in your area to see what state-specific forms you may need.

If you are aware of any necessary edits to the forms and information listed for the state of South Carolina, or if you have any questions, please email Ethan Johnstone at **[ethanjohstone@gmail.com](mailto:ethanjohstone@gmail.com)**.

\*\*\* DISCLAIMER: This document provides information pertaining to legal issues, it is not legal advice. Moreover, due to the rapidly changing nature of the law and our reliance on information provided by outside sources, we make no warranty or guarantee.

**What you'll need:** DSS Form 3072, SLED Records Check Form, Fingerprint Card, Name Change Petition, Social Security Form (ss-5), Affidavit of No Convictions, Alimony Affidavit, Family Court Cover Sheet, Hearing Request. Use links uploaded under the Files Tab.

**Total Cost:** Approximately \$200, plus attorney fees if you choose to hire one.

**Steps:**

- Contact SLED at (803) 896-1443 and request a Name Change Packet, which will include the Records Check Form and Fingerprint Card. These will come in the mail.
- When packet arrives in the mail, take Fingerprint Card to local law enforcement center with \$10.00 and get fingerprints done.
- Fill out the SLED forms and mail them, the fingerprint card and \$25.00 to the address provided on the paperwork.
- Fill out the DSS Form 3072 and mail with \$8.00 to the address provided on the paperwork.
- Forms will be returned in the mail.
- Fill out name change petition, both affidavits, and hearing request.
- Take all documents along with \$150.00 to clerk's office at your local family court.
- A court date will be appointed to you.
- Bring family court cover sheet to your hearing.
- Once name change order has been issued, take the order to DMV and Social Security Office. Fees may apply.

## Checklist for Name Change Request

- \_\_\_\_\_ SLED background check with completed fingerprint card
- \_\_\_\_\_ Affidavit on conviction of crimes in any other name (should be submitted with SLED form)
- \_\_\_\_\_ DSS child abuse and neglect registry check
- \_\_\_\_\_ Affidavit concerning any outstanding domestic support orders
- \_\_\_\_\_ File Petition for Name Change, with SLED, DSS & Affidavit attached
- \_\_\_\_\_ Submit Hearing Request
- \_\_\_\_\_ Submit Order w/ supporting documentation, including a copy (does not have to be a certified copy) of original birth certificate

### **Required Fees:**

- Filing fee                    \$150.00
- Fingerprints                \$10.00
- SLED check                 \$25.00
- DSS check                  \$8.00

\_\_\_\_\_ Total Fees: \$193.00

Cost of new birth certificate varies by state.

## Name Change Information

1. You must be fingerprinted by a local law enforcement agency. The fingerprint card must be filled out completely.
2. **As specified by Section 15-49-20 of the South Carolina Code of Law; the attached Affidavit must be completed and notarized before submitting to SLED.**
3. Please complete Records Check Name Change Form CJ-054.
4. Twenty-five dollar (\$25.00) fee. PAYMENT MUST BE MADE TO SLED BY BUSINESS CHECK (SOUTH CAROLINA ONLY), CERTIFIED CHECK, CASHIER'S CHECK OR MONEY ORDER FOR THE CORRECT AMOUNT ONLY. \*CASH WILL NOT BE ACCEPTED.
5. You must enclose a self-addressed postage paid envelope or the return of your request(s) may be delayed.

**“Criminal history reports contain records of arrests and convictions made by state and local agencies in South Carolina only.”**

**SLED Records Section has been closed to the public since December 15, 2008. Applications for Name Change must be mailed to the below address:**

South Carolina Law Enforcement Division  
P. O. Box 21398  
Columbia, South Carolina 29221  
ATTN: Records

# SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY  
*Governor*



MARK A. KEEL  
*Chief*

## CRIMINAL RECORDS CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): \_\_\_\_\_

AKA and/or MAIDEN NAMES: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN \_\_\_\_\_

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

NAME OF CHARITABLE ORGANIZATION (if applicable): \_\_\_\_\_

CHARITABLE VERIFICATION ACCOUNT # (if applicable): \_\_\_\_\_

### PLEASE NOTE:

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and account number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. **PERSONAL CHECKS WILL NOT BE ACCEPTED.** This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal records check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp. \*Please enclose a self addressed stamped envelope for the return of your record check.

***SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.***

(CJ-022) 5/11/11



Reset

### South Carolina Department of Social Services CONSENT TO RELEASE INFORMATION

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: \_\_\_\_\_ .

Mail Results To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Central Registry Check Fee:** (Check one and attach appropriate payment by check or money order.)

- |  |         |  |        |
|--|---------|--|--------|
| <input type="checkbox"/> Non-Profit Entities | \$8.00  | <input type="checkbox"/> Schools   | \$8.00 |
| <input type="checkbox"/> For-Profit Entities | \$25.00 | <input type="checkbox"/> Child Day Care                                  | \$8.00 |
| <input type="checkbox"/> State Agencies      | \$8.00  | <input type="checkbox"/> Other (Individuals, all others not named above) | \$8.00 |

**Please Print or Type:** (Complete spelling of name required, first, middle and last – **no initials.**)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Maiden/Former Name: \_\_\_\_\_ Name Change: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_ Previous Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:**  
South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;  
Telephone (803) 898-7318.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Notary or Witness Date

#### RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

(This section to be completed by an authorized DSS employee only – Division of Human Services.)

- The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- Other – See attached correspondence.

\_\_\_\_\_  
Authorized DSS Employee Date

## INSTRUCTIONS FOR DSS FORM 3072

**Purpose:**

Provides authorization for the Department of Social Services to conduct a search of the State Central Registry of Child Abuse and Neglect and release the results. State law provides that in order to serve on the Foster Care Review Board, be a guardian ad litem, be licensed as a foster parent or operate or work in a day care facility or be employed, operate or volunteer in a residential child care facility, a State Central Registry of Child Abuse and Neglect search must be conducted.

**Note:**

An amendment to the South Carolina Code of Laws affects the status of individuals named as perpetrators in the State Central Registry of Child Abuse and Neglect. Effective July 2002, a name legally listed on the Central Registry will remain indefinitely.

**Specific Instructions for Applicant/Organization Submitting Form:**

Please ensure that you type or stamp the return address on this form. Check appropriate fee box and submit payment with form to: South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520.

**Specific Instructions for Applicant:** (Print or Type)

All the information requested on this form is necessary in order to conduct a thorough search.

1. Purpose of Search: Fill in whether screening is for employment, to be become a foster parent, volunteer, etc.
2. Name: Provide complete spelling of name to include the first, middle and last name. No initials.
3. Name Change: List name you are changing to. Item number 2 must be completed also.
4. Date of Birth, Sex, Race, Social Security Number: Self-explanatory.
5. Place of Birth: Provide the name of the state you were born in.
6. Current Address: Your current residence.
7. Previous Address: List other addresses, states, countries you have resided in for the past seven years.
8. Signature of Applicant: Original signature of the individual requesting to have their name searched.
9. Signature of Witness or Notary: To witness the signature of the applicant.

**This form must be signed by the applicant and witnessed (may be notarized) prior to submitting for processing.**

**Specific Instructions for Authorized DSS Employee:**

**After receipt by cashier and processing of payment, the Central Registry check will be completed by authorized DSS personnel in the Division of Human Services.**

1. Check appropriate box.
2. Sign, date, stamp confidential on envelope and mail to return address.

**Distribution:**

Results of the search will be sent to the individual or organization specified on the form.

STATE OF SOUTH CAROLINA	)	
	)	IN THE FAMILY COURT FOR THE
COUNTY OF GREENVILLE	)	THIRTEENTH JUDICIAL CIRCUIT
	)	
In Re: [INSERT PETITIONER’S NAME]	)	<b>PETITION FOR NAME CHANGE</b>
	)	
Plaintiff.	)	Case No.: 2012-DR-23-
	)	
	)	

The Petitioner would respectfully show unto the Court:

1. Petitioner is a resident of Greenville County, South Carolina.
2. Petitioner is XX years of age.
3. Petitioner was born in [COUNTY], [STATE] on [DATE OF BIRTH].
4. The name on Petitioner’s birth certificate is [BIRTH NAME]; a copy of Petitioner’s birth certificate is attached hereto.
5. [EXPLAIN REASON/DESIRE FOR NAME CHANGE].
6. Petitioner wishes to change his/her name to [DESIRED NEW NAME].
7. Petitioner has attached hereto the results of a criminal background check and a screening statement from SLED indicating that she/he is not listed on the division’s sex offender registry.
8. Petitioner has attached hereto a screening statement from SCDSS indicating that she/he is not listed on the department’s Central Registry of Child Abuse and Neglect.
9. Petitioner has attached hereto an affidavit stating that she/he is not under any court order to pay child support or alimony.
10. Petitioner does not seek to change his/her name for any fraudulent, illegal or improper purpose.

WHEREFORE, the Petitioner prays:

- A. For an order from this Court legally changing Petitioner's name to [DESIRED NEW NAME];
- B. For an order from this Court entitling Petitioner to the issuance of an amended birth certificate reflecting the name of [DESIRED NEW NAME];
- C. For such other and further relief as this Court deems just and equitable.

Respectfully Submitted,

\_\_\_\_\_  
[PETITIONER'S NAME]

April \_\_, 2012  
Greenville, South Carolina

State of South Carolina )  
 )  
County of GREENVILLE )

AFFIDAVIT

Personally appeared before me the undersigned, who being duly sworn, deposes and says:

1. I am making the request for a background check and screening statement from the State Law Enforcement Division. I have never been arrested or convicted of a crime under a name other than the name(s) \_\_\_\_\_,

\_\_\_\_\_.

2. Below are the names I have used; however, I have never been arrested:

\_\_\_\_\_, \_\_\_\_\_.

3. I understand that a person who knowingly and willfully falsifies this affidavit is subject to criminal punishment as provided by law.

\_\_\_\_\_  
[Signature of Petitioner]

SWORN to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF GREENVILLE )  
 )  
In re: [insert petitioner's name], )  
 )  
Plaintiff. )  
 )

IN THE FAMILY COURT  
13th JUDICIAL CIRCUIT  
C.A. NO.: 2012-DR-23-XXXX

**AFFIDAVIT**

The undersigned, being duly sworn, states the following:

I, [insert petitioner's name], am not obligated for any outstanding child support or alimony payments ordered through the court in the name of [insert petitioner's name] or [insert desired new name]. My date of birth is [insert date of birth], and my Social Security number is XXX-XX-XXXX.

\_\_\_\_\_  
Affiant

SWORN TO AND SUBSCRIBED  
BEFORE ME THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_ 2012

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Notary Public for South Carolina  
My commission expires: \_\_\_\_\_

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )  
 )  
 )  
 )  
\_\_\_\_\_  
 ) Plaintiff, )  
 )  
 ) vs. )  
 )  
 )  
\_\_\_\_\_  
 ) Defendant. )

IN THE FAMILY COURT  
\_\_\_\_ JUDICIAL CIRCUIT

**REQUEST FOR HEARING**

Docket No. \_\_\_\_\_

Plaintiff's Attorney: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Defendant's Attorney: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian ad Litem: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Hearing: \_\_\_\_\_

Time Needed: \_\_\_\_\_

Dates and Times Unavailable: \_\_\_\_\_

Child Custody at Issue:  Yes  No

Are Other Issues Contested  Yes  No If yes, explain: \_\_\_\_\_

If yes to either above, submit a mediation report.

Comments and Issues: \_\_\_\_\_

Hearing Requested by: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_

For:  Plaintiff  Defendant

**\*\*\*\*Section below to be completed by Clerk of Court. \*\*\*\***

The hearing in this matter is scheduled for \_\_\_\_ day of \_\_\_\_\_ 20\_\_, at \_\_\_\_:\_\_\_\_  
a.m./p.m., Courtroom \_\_\_\_\_, before the Honorable  
\_\_\_\_\_ for \_\_\_\_\_ (length of time).

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 \_\_\_\_\_ )  
 Plaintiff, )  
 vs. )  
 )  
 \_\_\_\_\_ )  
 Defendant. )

IN THE FAMILY COURT  
 \_\_\_\_\_ JUDICIAL CIRCUIT

**FAMILY COURT COVERSHEET**

Docket No. \_\_\_\_\_

**NOTE: The coversheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for docketing purposes for the Clerk of Court and must be signed and dated, and filled out completely. A copy of this coversheet must be served on the defendant(s) along with the Summons and Complaint.**

**Submitted by:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Email:** \_\_\_\_\_

**SC Bar #** \_\_\_\_\_  
**Telephone #** \_\_\_\_\_  
**Fax #** \_\_\_\_\_  
**Other:** \_\_\_\_\_

**DOCKETING INFORMATION (Check one box below if filing in a Mandatory Mediation County)**

- This case is subject to MEDIATION pursuant to the Family Court Alternative Dispute Resolution Rules.
- This case is exempt from ADR (certificate attached).

Nature of Action Codes (Check One)	
<b>Marital Dissolution</b>	<b>Support</b>
<input type="checkbox"/> Divorce (110)	<input type="checkbox"/> Child Support – Private (501)
<input type="checkbox"/> Annulment (120)	<input type="checkbox"/> Child Support – Administrative Process (502)
<input type="checkbox"/> Separate Support and Maintenance (130)	<input type="checkbox"/> Child Support – Judicial Process (503)
<input type="checkbox"/> Registration of Foreign Divorce Decree – without support/custody (190)	<input type="checkbox"/> Registration of Foreign Order of Support (504)
<input type="checkbox"/> Registration of Foreign Divorce Decree – with support/custody (191)	<input type="checkbox"/> UIFSA – Outgoing (505)
<input type="checkbox"/> Marital Dissolution – Other (199) _____	<input type="checkbox"/> UIFSA – Incoming (506)
	<input type="checkbox"/> Modification of Child Support – Private (507)
	<input type="checkbox"/> Modification of Child Support – DSS (508)
<b>Abuse and Neglect</b>	<input type="checkbox"/> Modification of Alimony (525)
<input type="checkbox"/> Abuse and Neglect – Child (210)	<input type="checkbox"/> College Expenses (530)
<input type="checkbox"/> Abuse and Neglect – Adult (220)	<input type="checkbox"/> Support – Other (599) _____
<input type="checkbox"/> Abuse and Neglect – Other (299) _____	
	<b>Custody/Visitation</b>
	<input type="checkbox"/> Child Custody/Visitation (610)
<b>Juvenile Delinquency</b>	<input type="checkbox"/> Modification of Custody/Visitation (615)
<input type="checkbox"/> Truancy (311)	<input type="checkbox"/> Registration of Foreign Child Custody Order (690)
<input type="checkbox"/> Incurable (312)	<input type="checkbox"/> Custody/Visitation – Other (699) _____
<input type="checkbox"/> Runaway (313)	
<input type="checkbox"/> Criminal Offense (320)	<b>Miscellaneous Actions</b>
<input type="checkbox"/> Juvenile Delinquency – Other (399) _____	<input type="checkbox"/> Name Change (710)
	<input type="checkbox"/> Correction/Birth Record (720)
	<input type="checkbox"/> Judicial Bypass (730)
	<input type="checkbox"/> Adoption (740)
<b>Protection from Domestic Abuse</b>	<input type="checkbox"/> Foreign Adoption (741)
<input type="checkbox"/> Domestic Abuse – Intimate Partner (410)	<input type="checkbox"/> Post Dissolution Equitable Distribution (750)
<input type="checkbox"/> Domestic Abuse – Minor (420)	<input type="checkbox"/> Paternity – Private (761)
<input type="checkbox"/> Registration of Foreign Order of Protection (490)	<input type="checkbox"/> Paternity – DSS (762)
<input type="checkbox"/> Domestic Abuse – Other (499) _____	<input type="checkbox"/> Termination of Parental Rights – Private (771)
	<input type="checkbox"/> Termination of Parental Rights – DSS (772)
	<input type="checkbox"/> Miscellaneous Actions – Others (799) _____

**Submitting Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Custodial Parent (if applicable): \_\_\_\_\_

**Note:** Frivolous civil proceedings are subject to sanctions pursuant to Rule 11, SCRCP and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. § 15-36-10 et seq.

**FOR MANDATED ADR COUNTIES ONLY**

Allendale, Anderson, Beaufort, Clarendon, Colleton, Florence, Greenville, Hampton, Horry, Jasper, Lee, Lexington, Oconee (Family Court Only) Pickens (Family Court Only), Richland, Sumter, Union, Williamsburg, and York Counties.

**SUPREME COURT RULES REQUIRE MEDIATION OF ALL CONTESTED DOMESTIC RELATIONS ACTIONS.** IF THE DOCKETING INFORMATION ON PAGE 1 OF THIS COVERSHEET INDICATES THAT THIS CASE IS SUBJECT TO **MEDIATION** YOU ARE NOTIFIED THAT MEDIATED SETTLEMENT CONFERENCES ARE REQUIRED IN THIS CASE, AND THAT THE COURT-ANNEXED ADR RULES SHALL APPLY TO ALL CASES IN WHICH MEDIATION IS REQUIRED. FOR ADDITIONAL INFORMATION CONCERNING THE PROCESS AND TIME FRAMES, PLEASE CONSULT THE ADR RULES. KEY SECTIONS OF THE RULES ARE IDENTIFIED BELOW.

**CONTESTED ACTIONS INVOLVING CUSTODY AND VISITATION**

Rule 3	Actions Subject to ADR
Rule 4(d)(1)(3)(4) &(5)	Appointment of Mediator by Family Court
Rule 5(g)	Scheduling in Family Court
Rule 6(g)	Agreement in Family Court
Rule 7(f)	Reporting Results of Conference
Rule 9	Compensation of Neutral

**ALL OTHER CONTESTED ACTIONS**

Rule 3	Actions Subject to ADR
Rule 4(d)(2)(3)(4) &(5)	Appointment of Mediator by Family Court
Rule 5(g)	Scheduling in Family Court
Rule 6(g)	Agreement in Family Court
Rule 7(f)	Reporting Results of Conference
Rule 9	Compensation of Neutral

**Indigent Cases:** Where a mediator has been appointed, a party may move before the Chief Judge for Administrative Purposes to be exempted from payment of neutral fees and expenses based upon indigency. Applications for indigency shall be filed no later than ten (10) days after the ADR conference has been concluded. Determination of indigency shall be in the sole discretion of the Chief Judge for Administrative Purposes.

**Please Note: Attendance at mediated settlement conferences is mandatory. You must comply with the Supreme Court rules regarding court-ordered mediation. Failure to do so may affect your case and may result in sanctions.**

**Note:** Frivolous civil proceedings are subject to sanctions pursuant to Rule 11, SCRPC and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. § 15-36-10 et seq.

# **SOCIAL SECURITY ADMINISTRATION**

## **Application for a Social Security Card**

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**Applying for a Social Security Card is free!**

### **USE THIS APPLICATION TO:**

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

**IMPORTANT:** You MUST provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov).

### **Original Social Security Card**

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

### **Replacement Social Security Card**

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

### **Changing Information on Your Social Security Record**

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

### **LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS**

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

### **IF YOU HAVE ANY QUESTIONS**

If you have any questions about this form or about the evidence documents you must provide, please visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

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## EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

**IMPORTANT** : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

### Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

### Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

### Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

### Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). 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 only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

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## **HOW TO COMPLETE THIS APPLICATION**

**Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.**

**GENERAL:** Items on the form are self-explanatory or 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.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.
5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.
- 9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you MUST show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card 7 to 14 days from now.
17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. 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. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

## **HOW TO SUBMIT THIS APPLICATION**

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

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## PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

## PRIVACY ACT STATEMENT

### Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local 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 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., 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

<b>1</b>	<b>NAME</b> TO BE SHOWN ON CARD		First	Full Middle Name	Last										
	<b>FULL NAME AT BIRTH</b> IF OTHER THAN ABOVE		First	Full Middle Name	Last										
	OTHER NAMES USED														
<b>2</b>	Social Security number previously assigned to the person listed in item 1			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate) City _____ State or Foreign Country _____			Office Use Only FCI	<b>4</b> <b>DATE OF BIRTH</b> MM/DD/YYYY										
<b>5</b>	<b>CITIZENSHIP</b> (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien <b>Not</b> Allowed To Work (See Instructions On Page 3)										
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7</b>	<b>RACE</b> Select One or More (Your Response is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian											
<b>8</b>	<b>SEX</b>		<input type="checkbox"/> Male	<input type="checkbox"/> Female											
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>		First	Full Middle Name	Last										
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9 B on Page 3)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> <input type="checkbox"/> Unknown												
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>		First	Full Middle Name	Last										
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> <input type="checkbox"/> Unknown												
<b>11</b>	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)														
<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last										
<b>13</b>	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY												
<b>14</b>	<b>TODAY'S DATE</b> MM/DD/YYYY		<b>15</b>	<b>DAYTIME PHONE NUMBER</b> Area Code _____ Number _____											
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No. City _____ State/Foreign Country _____ ZIP Code _____												
<b>17</b>	<b>YOUR SIGNATURE</b>		<b>18</b>	<b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____											
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)															
NPN		DOC	NTI	CAN	ITV										
PBC	EVI	EVA	EVC	PRA	NWR DNR UNIT										
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW											
				DATE											
				DATE											



# South Carolina Department of Motor Vehicles

## Application for Name and/or Address Change, Date of Birth and/or Social Security Correction, or Special Mailing

4057  
(Rev. 10/11)

SC Code of Laws § 56-1-230 **Notification of change of address or name.** Whenever any person after applying for or receiving a driver's license shall move permanently from the address named in such application or in the license issued to him or when the name of a licensee is changed by marriage or otherwise, such person shall **within ten days** thereafter **notify the Department in writing of his old and new address or of such former and new name and of the number of any license then held by him.**

Please check and complete all sections that apply in black ink.

<b>MY NAME ON RECORD WITH THE DEPARTMENT OF MOTOR VEHICLES IS:</b>											
Name: _____ Date of Birth: _____ Last First Middle Suffix											
<b>TITLE AND REGISTRATION INFORMATION</b> (Please place additional vehicle information on the back of this form.)											
Customer No. _____ Vehicle Identification No. _____ License Plate No. _____ Make of Vehicle _____											
<b>DRIVER RECORD INFORMATION</b>											
Customer No. _____ Driver's License No. _____ Identification Card No. _____ Beginner Permit No. _____											
<input type="checkbox"/> <b>NAME CHANGE</b> (A court order or marriage license must accompany this form.) <b>Name changes cannot be done through the mail or online.</b> I hereby request that my name in the SCDMV records be changed to: _____ Last First Middle Suffix											
<input type="checkbox"/> <b>RESIDENCE ADDRESS CHANGE</b> - Address where you reside or the address where the company is located. Cannot be a PO Box. <b>My residence address is:</b> _____ Street _____ City State Zip Code County	<input type="checkbox"/> <b>HOUSED ADDRESS CHANGE</b> - Address used for a vehicle that is primarily at an address different from the residence/company address. Example: company vehicle. <b>My housed address is:</b> _____ Street _____ City State Zip Code County										
<input type="checkbox"/> <b>MAILING ADDRESS CHANGE</b> - Address where you want SCDMV to send you mail. <b>My mailing address is:</b> _____ Street _____ City State Zip Code County	<input type="checkbox"/> <b>TEMPORARY ADDRESS CHANGE</b> - Address where you will receive your mail on a temporary basis. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px;">Temp. Expiration Date</td></tr></table> <b>My temporary address is:</b> _____ Street _____ City State Zip Code County	Temp. Expiration Date									
Temp. Expiration Date											
<input type="checkbox"/> <b>DATE OF BIRTH CORRECTION</b> Date of Birth Shown on Department Records: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px;">Month</td><td style="width: 30px;">Day</td><td style="width: 30px;">Year</td></tr></table> Correct Date of Birth: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px;">Month</td><td style="width: 30px;">Day</td><td style="width: 30px;">Year</td></tr></table> Supporting documentation is required. Please see form MV-93 and MV-94 for a list of acceptable documents to justify the correction.		Month	Day	Year	Month	Day	Year				
Month	Day	Year									
Month	Day	Year									
<input type="checkbox"/> <b>SOCIAL SECURITY NUMBER CORRECTION</b> Social Security Number Shown on Department Records: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px;"> </td><td style="width: 30px;">-</td><td style="width: 30px;"> </td><td style="width: 30px;">-</td><td style="width: 30px;"> </td></tr></table> Correct Social Security Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px;"> </td><td style="width: 30px;">-</td><td style="width: 30px;"> </td><td style="width: 30px;">-</td><td style="width: 30px;"> </td></tr></table> Supporting documentation is required. Please see form MV-93 and MV-94 for a list of acceptable documents to justify the correction.			-		-			-		-	
	-		-								
	-		-								
<b>VOTER REGISTRATION</b>	<b>NOTE:</b> You must be physically present in the DMV office to update voter registration information. Customers not transacting business in a DMV office should contact their County Board of Voter Registration to update voter registration information.										
<input type="checkbox"/> Yes, I wish to update my address with the County Registration Board (customer must be physically present in DMV field office). <input type="checkbox"/> No, I do not wish to update my address with the County Registration Board.											
<b>I hereby state that all information given and statements made herein are true and correct, and these changes are being made without fraudulent purpose or intent.</b>											

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of DMV Customer Service Representative \_\_\_\_\_

Branch Office Name and Number \_\_\_\_\_

**NOTE:** Applications, with all needed supporting documents, may be mailed to:

**S.C. Department of Motor Vehicles  
Alternative Media  
PO Box 1498  
Blythewood, SC 29016-0035**