

Name and Social Security Number Correction

This form is to be used to request changes to the Name and/or Social Security Number (SSN) on file with DCAS.

Instructions

This is a PDF fillable form. You may complete electronically or by hand.

- If completing electronically, enter the information in the fields below, print, and sign.
- If completing by hand, print the form, complete the form legibly (except for your signature), and sign.

Documentations must also be provided per the instructions listed below:

SSN Changes – Must be accompanied by a copy of your SSN card <u>and</u> valid photo ID to process.

Name Changes – Must be accompanied by a copy of your SSN card and a copy of the following supporting documents:

- Marriage certificate
- Divorce decree
- Court order
- Old and new copies of State issued Driver's Licenses
- State issued Identification Card
- US government issued Passport

- US government issued Military Identification Card
- Naturalization Certificate
- US government issued Alien Registration Card
- Student or Employer ID with photo
- IDNYC

Along with documentations, completed and signed **Name and SSN Correction Forms** must be submitted with one of the following methods:

- Online: Navigate to NYC.gov/CivilServiceNowNYC and complete the Contact Us form.
 - o SSN Change: Select the Subject "SSN Change Request."
 - o Name Change: Select the Subject "Name Change Request."
- In-Person: Drop off at one of our Computer-based Testing and Applications Centers (CTACs) Monday Friday from 9AM 5PM (except City holidays) at:
 - o Brooklyn @ 210 Joralemon, 4th floor, Brooklyn, NY 11201
 - o Bronx @ 1932 Arthur Avenue, 2nd Floor, Bronx, NY 10457
 - o Manhattan @ 2 Lafayette Street, 17th floor, New York, NY 10007
 - o Queens @ 118-35 Queens Boulevard, 5th floor, Forest Hills, NY 11375
 - Staten Island @ 135 Canal Street, 3rd Floor, Staten Island, NY 10304



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Previous or incorrect information to be remo	oved or replaced:
Note: All changes will require copies of your Soldentification Cards or Legal Name Change Doinstruction page for more details.	cial Security Card as well as
For Social Security Number corrections, ple temporary SSN in the following box (all 9-digits	•
For name changes or corrections, please provious information regarding last name, first name or recorresponding boxes:	•
Last Name (include suffix: Jr./Sr./III, etc.)	
First Name	Middle Name
Confirmation and Signature:	
Provide to DCAS your current or correct inform box. Confirm all information provided is accurat	
Social Security Number corrections (all 9-di	gits):
Last Name (include suffix: Jr./Sr./III, etc.)	
First Name	Middle Name
Signature:	Date:

FOR OFFICE USE ONLY			
D.C.A.S. UNIT	STAFF INITIALS	TYPE OF CHANGE	DATE