A DISCUSSION OF LEGAL SOLUTIONS FOR ISSUES FACING LGBTQ+ BIPOC FOLKS IN DELAWARE

LIVE ONLY DSBA SEMINAR

The Screening Room at 1313 | 1313 North Market, Wilmington, DE 19801

SPONSORED BY THE LGBTQ+ AND MJL SECTIONS
OF THE DELAWARE STATE BAR ASSOCIATION

THURSDAY, JUNE 1, 2023 | 3:30 P.M. – 5:00 P.M.

1.5 Hours of CLE credit in Enhanced Ethics for Delaware and Pennsylvania Attorneys

ABOUT THE PROGRAM

Join us for a panel discussion exploring the Delaware legal community and issues facing queer Black, Indigenous, and People of Color ("BIPOC") Delaware residents, as well as highlighting queer BIPOC attorneys in the Bar. This CLE is sponsored by the MJL and LGBTQ+ section and will be hosted at The Screening Room 1313 located in the Hercules building. This seminar is open to all attorneys of the bar. Seats are limited, sign up now!

Happy hour will follow the event and is generously sponsored by Potter Anderson & Corroon LLP. This Happy Hour is open to attendees of the CLE only.

CLE SCHEDULE

Moderators

Emily A. Bryant-Álvarez, Esquire
Supreme Court of the State of Delaware

Katelin A. Morales, Esquire
Potter Anderson & Corroon LLP

Panel 1

David Mariner
Sussex Pride

Noah J. Duckett, LCSW
Planned Parenthood

Julissa Coriano, Ph.D(c), MSW, M.Ed
Orgullo Delaware

Daniel Walker, MSM
Delaware Department of Health and Social Services

John Culhane
Widener University Delaware Law School

Panel 2

Joshua B. Brooks, Esquire
Young Conaway Stargatt & Taylor, LLP

Juan E. Martinez, Esquire
Benesch Friedlander Coplan & Aronoff LLP

Visit https://www.dsba.org/event/a-discussion-of-legal-solutions-for-issues-facing-queer-and-people-of-color-in-delaware/for all the DSBA CLE seminar policies.

Please note that the attached materials are supplied by the speakers and presenters and are current as of the date of this posting.

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Noah Duckett Bio

Noah Duckett is a Licensed Clinical Social Worker practicing in the State of Delaware. After graduating from Widener University with his BSW in 2017 and Boston University with his MSW in 2018, Noah began focusing his clinical practice on working with the transgender and queer community. Noah is passionate about working with LGBTQIA individuals to navigate positive coming out experiences, as well as social, medical, legal, and emotional transitions. He works closely with major LGBT organizations in the Mid-Atlantic region to offer clinical consults and education, and is a co-founder of Orgullo Delaware, the only educational, clinical, and social platform supporting LGBTQIA Latinx Delawareans and their families.

Daniel T. Walker, MSM (*he/him)*

Deputy Cabinet Secretary for Social Services and Innovation Lead

Daniel Walker is currently the Deputy Cabinet Secretary for the Delaware Department of Health and Social Services. In this role he leads Delaware's array of social service programs including Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Emergency Shelter and Transitioning Housing, and Child Support Services.

Daniel also leads the Department's efforts around the Governor's Family Services Cabinet Council with a goal of streamlining state services for targeted impact.

Prior to his appointment, he served as the Chief of Staff for Wilmington City Council where he is believed to be the youngest person to hold the role. During his tenure, he was influential in reforming Council's effectiveness in legislative discussions and helped to negotiate the first-ever violence prevention funding in the City's base budget as well as $8 million public safety funding utilizing American Rescue Plan (ARP) Act funds.

Daniel, a believer in harnessing the power and influence of community to shape policy discussions, got his start as a community organizer working to reform the criminal justice system. He has also been influential is policy discussions around education as a founding member of the Delaware Campaign for Achievement Now (CAN). Eventually working his way up to Executive Director of DelawareCAN and DelawareCAN Action Fund, he has worked with elected officials from both parties, business leaders, non-profit executives, and faith leaders. During his time as Executive Director he brought attracted the first round of national funding for the organization and built a base of over 1000 volunteers including over 300 students working to reform Delaware's education system.

Daniel has worked for Senator Chris Coons, Congresswoman Lisa Blunt Rochester, and the Delaware General Assembly. He has also served on numerous boards including Planned Parenthood of Delaware, Junior Chamber of Commerce (JCI), Delaware Young Democrats, and the Rock Manor Golf Corporation. He holds a BA in political science from the University of Delaware and holds an MSM with a concentration in public administration from Wilmington University. Daniel is a native Delawarean born in Kent County and moved to Wilmington after graduating from college.

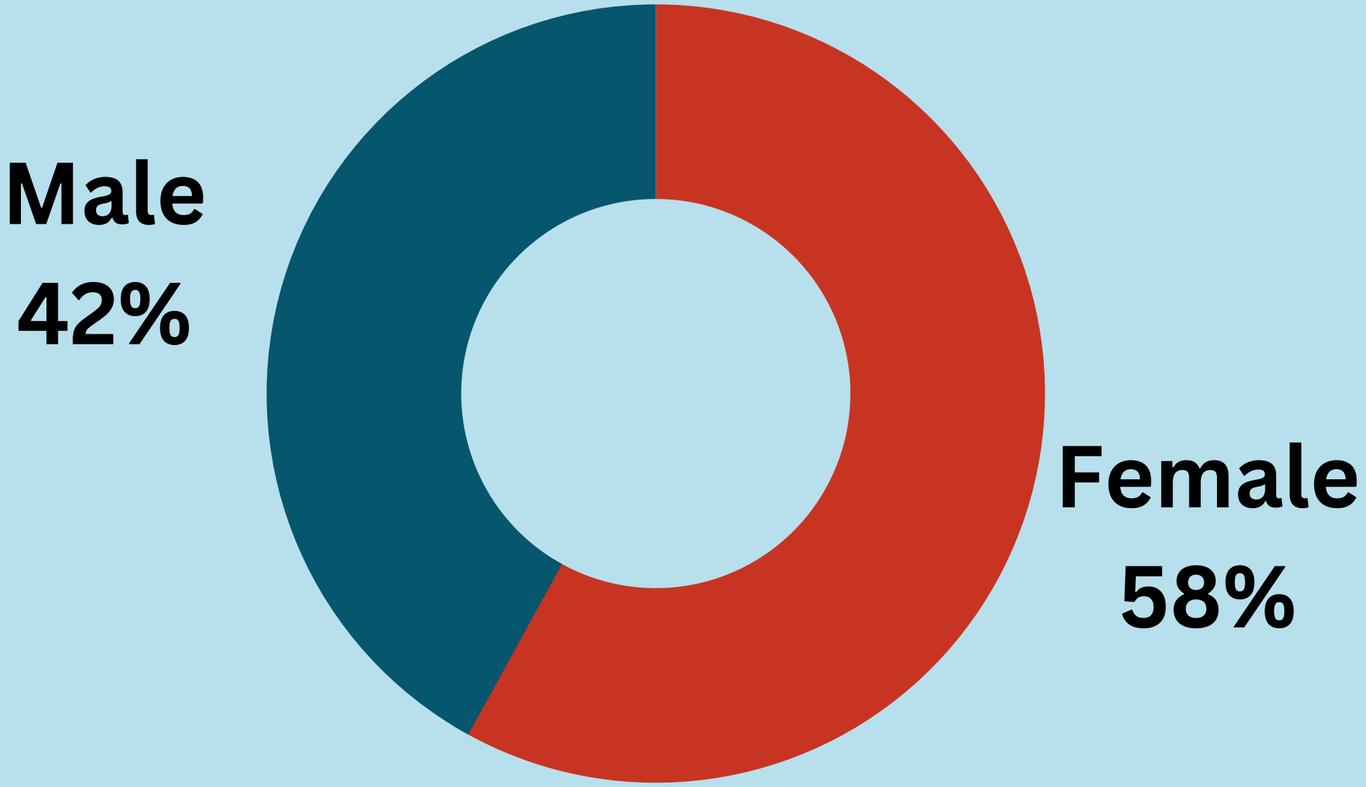
A DISCUSSION OF LEGAL SOLUTIONS FOR ISSUES FACING LGBTQ+ BIPOC FOLKS IN DELAWARE

Sponsored by the LGBTQ+ and MJL Sections of the Delaware State Bar Association

SUSSEX PRIDE

LGBTQ+ COMMUNITY IN DELAWARE

58% ARE FEMALE



Williams Institute at the UCLA School of Law

SUSSEX PRIDE

LGBTQ+ COMMUNITY IN DELAWARE

35% ARE RAISING FAMILIES

Williams Institute at the UCLA School of Law

SUSSEX PRIDE

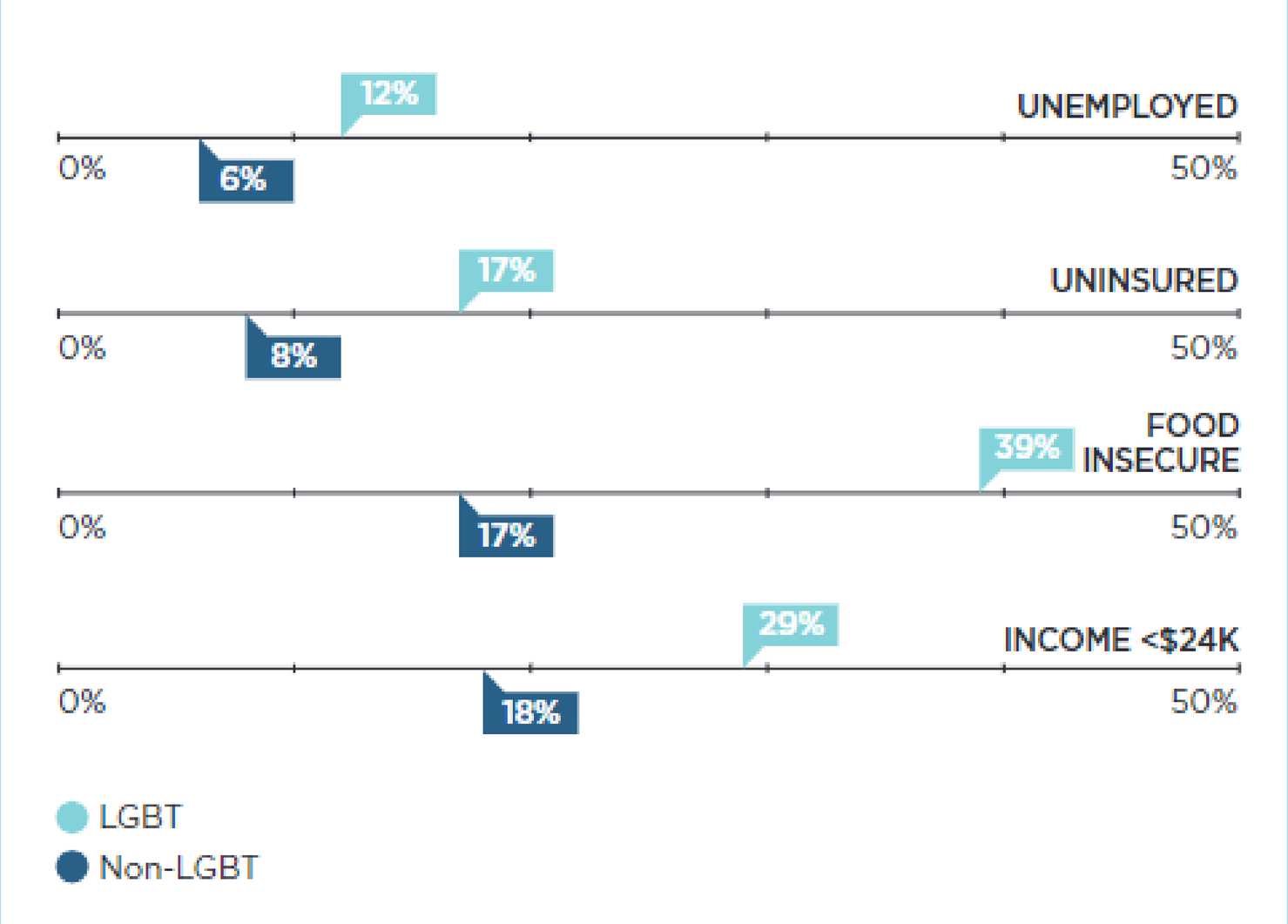
LGBTQ+ COMMUNITY IN DELAWARE

RACE AND ETHNICITY

Williams Institute at the UCLA School of Law

SUSSEX PRIDE

LGBTQ+ COMMUNITY IN DELAWARE



Williams Institute at the UCLA School of Law

SUSSEX PRIDE

TRANS COMMUNITY IN DELAWARE

	Percentage	Number
13-17	.96%	600
18 and over	.82%	6.300

Williams Institute at the UCLA School of Law

SUSSEX PRIDE

TRANS COMMUNITY

30% of respondents experienced homelessness in their lifetime. That number jumps to 35% for Latino/a respondents and 51% for Black respondents

US Transgender Survey, National Center for Trans Equality

SUSSEX PRIDE

TRANS COMMUNITY

13% of respondents report losing a job because they are transgender (11% for Latino/a respondents and 17% for black respondents)

US Transgender Survey, National Center for Trans Equality

SUSSEX PRIDE

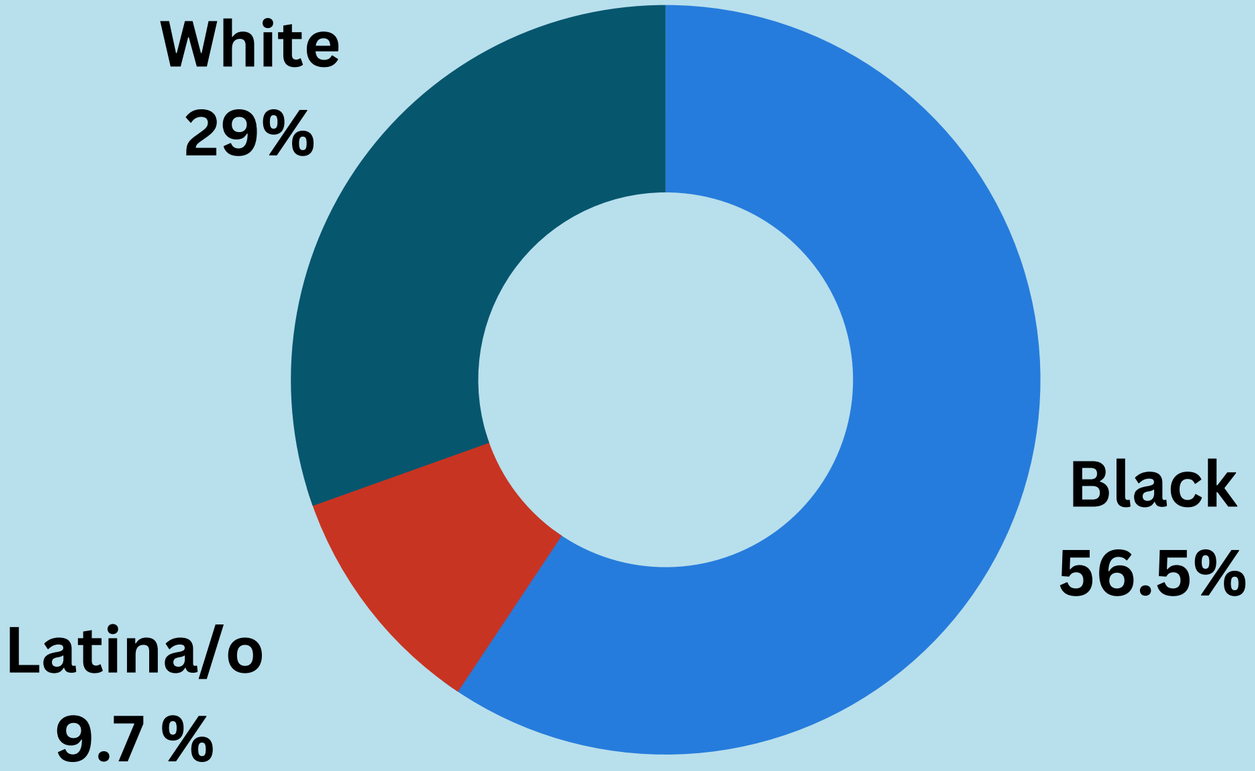
TRANS COMMUNITY

Sixty-two percent of Black transgender women and 35% of Hispanic/Latina transgender women had HIV, compared to 17% of white transgender women.

CDC HIVSurveillance Special Report #27

SUSSEX PRIDE

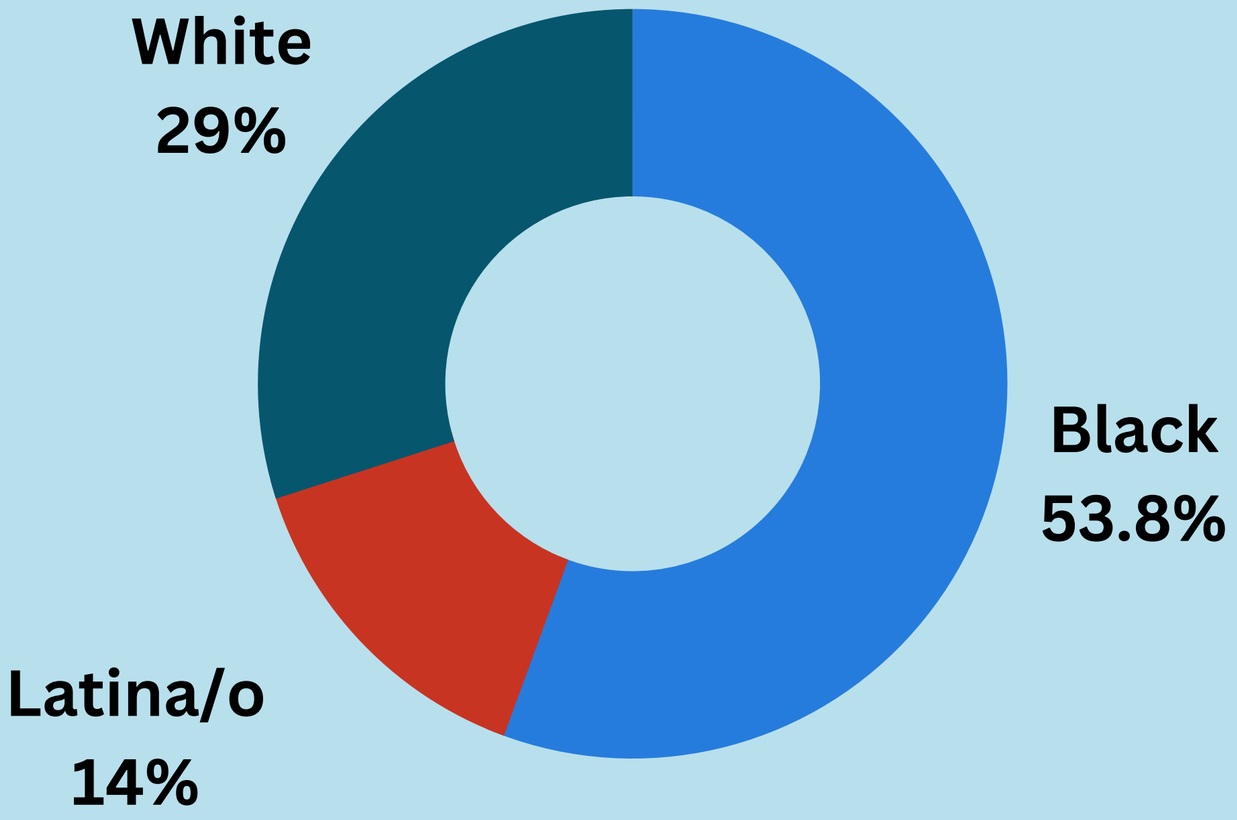
HIV/AIDS IN DELAWARE
PEOPLE LIVING WITH HIV



AIDSvu.org

SUSSEX PRIDE

HIV/AIDS IN DELAWARE
NEW HIV DIAGNOSES (2020)



AIDSvu.org

SUSSEX PRIDE

SOLUTIONS

WHAT DO WE NEED?

- Improved and consistent data collection
- A statewide LGBTQ+ Healt Report with stated goals and directions
- LGBTQ+ Health Training for Providers
- Allocate funds to communities at greatest risk

SOLUTIONS

LGBTQ+ HEALTH DATA COLLECTION ACT

- Requires SOGI data collection in state survey instruments including but not limited to the BRFSS and the YRBS
- Requires an annual or biennial LGBTQ+ Health Disparity Report

SOLUTIONS

LGBTQ+ HEALTH DATA COLLECTION ACT

- Sample language is available from the District of Columbia

D.C. Law 22-291. LGBTQ Health Data Collection Amendment Act of 2018

SOLUTIONS

LGBT CULTURAL COMPETENCY ACT

- Require that any continuing education requirements for the practice of any health occupation include 2 credits of instruction on cultural competency or specialized clinical training focusing on patients who identify as LGBTQ+

SOLUTIONS

LGBT CULTURAL COMPETENCY ACT

- Sample language is available from the District of Columbia

D.C. Law 21-95. LGBTQ Cultural Competency Continuing Education Amendment Act of 2016.

SOLUTIONS

LGBTQ+ OLDER AMERICANS ACT

- Requires Delaware to interpret the term "greatest social need" under the federal Older Americans Act of 1965 "to include LGBTQ seniors and seniors with HIV for the purpose of allocating [federal] funds

SOLUTIONS

LGBTQ+ OLDER AMERICANS ACT

- Sample language is available from the District of Columbia:

Care for LGBTQ Seniors and Seniors with HIV Amendment Act of 2020

OTHER POLICY CONSIDERATIONS
TRUE COLORS FOUNDATION SUGGESTIONS

Policy suggestions include:

- Enacting a state law that allows youth in need of care to receive services without court involvement.
- Implement a grievance process for students experiencing homelessness

OTHER POLICY CONSIDERATIONS
MOVEMENT ADVANCEMENT PROJECT

Policy suggestions include:

- Ban LGBTQ+ Panic Defense
- Implement gender neutral "X" option on Driver's Licenses and Birth Certificates

QUESTIONS & DISCUSSION

SUSSEX PRIDE

David Mariner

SUSSEX PRIDE

david@sussexpride.org

SUSSEX PRIDE

GUIDE TO LEGALLY TRANSITIONING IN THE STATE OF DELAWARE

Planned Parenthood
Care. No matter what.

Planned Parenthood of Delaware

congratulations!

If you're reading this, you're likely beginning or in the process of legally transitioning. This can be exciting, emotional, and stressful, all at the same time. To make this a little easier, here's a step by step guide for updating all of your legal documents in the State of Delaware.

CONTENTS:

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Social Security Card	6
Driver's License	7
Birth Certificate	8
Passport	10
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Navigating Letters	12
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Note: Fees and procedures constantly evolve. Planned Parenthood of Delaware reviews this guide on a yearly basis and updates as changes are made known. All fees and procedures are updated as of November 2022.

Legal Name Change

2 Steps

Step 1 - Application and Notary

As of March 2022, Delaware no longer requires you to publish your intent to change your name in a local newspaper. You can now skip this step and submit your paperwork directly to the court. Attached is the Petition for Name Change and the Affidavit of Petitioner. Complete these and have them notarized (privately or through your local bank.)

Attached Documents:
State of Delaware Change of Name Petition
Includes:
Petition for Name Change
Affidavit of Petitioner for Notary

Step 2 - Court Process

Once your paperwork is complete, you can use the State's name change packet to find the courthouse located in your county. In order to file, you will need to bring the following documents:

- Birth Certificate
- Photo ID
- Completed Petition for Name Change
- Notarized Affidavit

When you file your documents with the Court, there is a filing fee of $85.00. You will receive a hearing date, which is when the judge will rule to approve your name change. After your hearing date, the Court will provide you with eight certified copies of your legal name change. Keep these - they are what we will use to change all of your other legal documents. You can purchase additional copies for $10/copy.

Your name is now legally changed - congratulations! Everything will begin to move very quickly now.
You have 30 days from the date of your finalized name change to change the information on your Social Security card and driver's license. Begin changing your documents in **this specific order:**

1. Social Security Card
2. Driver's License/Identification
3. All Other Documents:
   Credit Cards, Health Insurance, Car Insurance, Birth Certificate, Passport, Academic Documents

Social Security Card

2 Steps

Note: there is no charge for this service.

As of 2022, the Social Security Administration no longer requires a letter of medical necessity to change the sex on your Social Security records. You can now simply fill out your application for a new Social Security card and bring it to your nearest SSA office.

Attached is an application for a new Social Security card.
Complete this. Bring it to your local Social Security office along with the following:

- Evidence of identity (driver's license, identification, or passport)
- Evidence of Citizenship (passport or original birth certificate)
- Certified copy of your legal name change

Covid Changes:
Many SSA offices are closed and they are currently requiring all applicants to mail in HARD COPY, ORIGINAL documentation -- NO exceptions. In order to safely continue with every day activities, download the DMV's Mobile ID app to continue driving and providing proof of identification while the SSA is processing your application and documentation.

Attached Documents:
Application for Social Security Card

Driver's License

2 Steps

Step 1 - Gender Marker Form

Attached is the form that you will use to change the gender marker on your driver's license or identification card. There is a section that must be completed by a physician or a mental health professional. If you would like to change your gender marker to an "X," this is a separate form that does not need to be signed by a mental health professional.

Step 2 - DMV

Wait at least 72 hours after changing your Social Security information before going to the DMV. Bring the following documents:

- Gender Marker Form, if applicable
- Certified Copy of your legal name change
- Current driver's license

The fee for this process is $1.15

Attached Documents:
Gender Marker Change Form

Birth Certificate

2 Steps

If you wish to change the sex on your birth certificate, you MUST have a letter from a licensed physician or mental health professional attesting to your medical transition. **Remember, your doctor does not have to specify what medical treatment you have completed -- you are able to change your gender marker without having any surgery.**

Attached Documents:
Affidavit for Sex Change - Physician Copy and Applicant Copy

Step 1 - Affidavit for Sex Change

Attached are the TWO forms that you will use to change the sex on your birth certificate. The first must be completed by a medical professional or mental health professional. The second must be completed by you. Both of these forms must be notarized. At this time, Delaware does not allow for an "X" designation on your birth certificate.

Step 2 - Office of Vital Statistics

Go to your nearest Office of Vital Statistics. Bring the following:

- Notarized Affidavits for Sex Change, if applicable
- Certified copy of your legal name change
- Original Birth Certificate
- Current photo identification

The fee for this process is $25.00

Passport

2 Steps

As of 2022, the U.S. Department of State no longer requires a letter of medical necessity to change the sex on your passport. You can now simply fill out your application for a new passport and submit it with the required fee. You are now also able to select an "X" gender marker for your passport.

Apply for a new passport using the typical passport application (DS-11.)

Include the following:
- Certified copy of your name change
- Medical Certification, if applicable
- Passport photo that matches your current appearance

Fees for this service vary, but typically range from $110 - $150.

Other Documents

There are several other documents to consider changing. The processes (and fees) for this vary.

- Credit Cards
- Car and Health Insurance
- Loans, Mortgages, and Financial Aid
- Academic Related Records
  (for current students, or diplomas and certificates for past students)
- Employment Related Records

Navigating Letters

Several of these steps require a letter from a medical or mental health professional attesting to your medical transition. Planned Parenthood of Delaware is happy to work with you to complete this letter writing process.

Requires ONE Letter:

Either from a medical or mental health professional

- Driver's License
- Birth Certificate
- Chest/Top Surgeries

Requires TWO Letters:

- Genital/Bottom Surgeries

  WPATH guidelines do not require the second letter to be written by a doctoral-level clinician, but your specific insurance or surgeon's requirements may differ

COURT OF COMMON PLEAS

for the State Of Delaware

CHANGE OF NAME PETITIONS

http://courts.state.de.us/commonpleas/

GENERAL INSTRUCTIONS

- **Where to file:** your Petition for Change of Name and supporting documents must be filed in the Court of Common Pleas in the county in which you reside. If you or your spouse is in the military or seeking higher education in Delaware, you are eligible to change your name in Delaware only if you claim Delaware as your State of residency.

- **Filing Fee:** when you file your Petition for Change of Name, you will be required to pay a fee of $85.00. You will receive the original Order signed by the Judicial Officer, plus eight certified copies of the signed Order. Additional copies may be obtained at a cost of $10.00 per copy.

- **Required Documents:** you will be required to file the below-listed documents in the Court of Common Pleas in the county in which you reside. Petitions that are incomplete in any way will not be accepted. Contact information for the Court in each county is provided below.

  1. Petition for Name Change. In filling out the Petition, make certain you outline the full name of the individual seeking to have his/her name changed, indicating full addresses, including zip codes and daytime telephone numbers. This is important because the Court Clerk may need to contact you prior to your hearing date. If you move before receiving your copy of the Order, you must notify the Clerk's Office of your new address and telephone number.

  2. Affidavit of Petitioner.[1] The Affidavit of Petitioner form must be notarized by a Notary Public.
     * To locate a Notary Public, you can refer to public libraries, postal/passport services, police stations, insurance/realtor offices, car dealerships, or local government offices. Notary Publics typically charge a small fee for notarization services.

  3. Birth Certificate.

  4. Photo ID.

  5. Documents related to any previous name change.

  6. Final order of divorce, or any other court process that has led to this name change.

- **Hearing.** Once you have filed all of the required documents with the Court, you will be assigned a hearing date. You must appear 30 minutes before your scheduled appearance to check in with the bailiff and be directed to the appropriate courtroom. Proper dress is required to enter the courtroom.

CONTACT INFORMATION

Please direct any questions to the Offices of the Clerk, Court of Common Pleas in the county in which you reside.

SUSSEX COUNTY
1 The Circle
Georgetown, DE 19947
(302) 858-5730
CCPSussex_CivilFilings@delaware.gov

KENT COUNTY
414 Federal Street
Dover, DE 19901
(302) 735-3900
CCP_KentCivilFax@delaware.gov

NEW CASTLE COUNTY
500 N. King Street Wilmington, DE 19801
(302) 255-0900
CCP_NCCCivilFilings@delaware.gov

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[1] An affidavit is a sworn statement; it must be signed and notarized. For more information, visit: http://delcode.delaware.gov/title10/c053a/index.shtml.

IN THE COURT OF COMMON PLEAS FOR THE STATE OF DELAWARE
IN AND FOR
☐ NEW CASTLE COUNTY ☐ KENT COUNTY ☐SUSSEX COUNTY

IN RE: CHANGE OF NAME OF:	)	
	)	
_____	)	C.A. No _____
PETITIONER	)	
	)	
TO	)	
	)	
_____	)	

PETITION FOR NAME CHANGE

1. Petitioner, whose address is _____, has been a resident of _____ County, State of Delaware, for more than six months.

2. Petitioner's daytime telephone number is _____.

3. Petitioner's date of birth is _____, and Petitioner's location of birth is _____. (If current name is different from birth name, please provide documentation of previous name changes).

4. Petitioner desires to change his/her name from _____ to _____. (If name change is due to divorce or other court process, please provide the Final Order in that matter).

5. The reason for the proposed change of name is: _____

_____

_____.

6. Petitioner certifies that there are no creditors or other persons who will be defrauded or adversely affected by said change of name.

7. Petitioner:

☐ Does ☐ Does Not have pending criminal charges, and

☐ Is ☐ Is Not subject to supervision of the Department of Correction.

COMPLETE THIS SECTION ONLY IF PETEITIONER HAS PENDING CRIMINAL CHARGES OR IS CURRENTLY SUBJECT TO THE SUPERVISION OF THE DEPARTMENT OF CORRECTION

8. The following criminal charges are pending against Petitioner: _____

_____

_____.

9. If Petitioner is on probation or parole, specify the name of the officer, the term of probation or parole, and the charge(s): _____

_____

_____.

_____ _____

Date Petitioner

IN THE COURT OF COMMON PLEAS FOR THE STATE OF DELAWARE
IN AND FOR
☐ NEW CASTLE COUNTY ☐ KENT COUNTY ☐SUSSEX COUNTY

IN RE: CHANGE OF NAME OF:	)
	)
_____	)
PETITIONER	)
	)
TO	)
	)
_____	)

AFFIDAVIT OF PETITIONER

BE IT REMEMBERED that on this _____ day of _____, 20_____, the Petitioner personally appeared before me, the Subscriber, a Notary Public in and for the State and County aforesaid and being duly sworn by me according to law, deposes and says that he/she is the Petitioner above named, and that the facts set forth in the Petition are true and correct to the best of their knowledge or belief.

_____
Petitioner

SWORN AND SUBSCRIBED before me on _____, 20____.

_____
Notary

Application for a Social Security Card

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**.

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 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.

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.

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 does not affect decisions on your application. We request this information for research and statistical purposes, to ensure all our customers receive fair and equal treatment.

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.

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 and 702 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from assigning you a Social Security number and issuing you a new or replacement Social Security card.

We will use the information you provide to issue you a replacement Social Security card. We may also share your information for the following purposes, called routine uses:

- To Federal, State, and local entities to assist them with administering income maintenance and health maintenance programs, when a Federal statute authorizes them to use the Social Security number; and

- To student volunteers, persons working under a personal services contract, and others when they need access to information in our records in order to perform their assigned agency duties.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0058, entitled Master Files of Social Security Number (SSN) Holders and SSN Applications, as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - 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 between 5 and 60 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778)**. *You may send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.* ***Send only comments relating to our time estimate to this address, not the completed form.***

Application for a Social Security Card

1	**NAME** TO BE SHOWN ON CARD	First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED			
2	Social Security number previously assigned to the person listed in item 1			
3	**PLACE OF BIRTH** (Do Not Abbreviate) City State or Foreign Country	Office Use Only FCI	4	**DATE OF BIRTH** MM/DD/YYYY
5	**CITIZENSHIP** (Check One)	☐ U.S. Citizen ☐ Legal Alien Allowed To Work ☐ Legal Alien **Not** Allowed To Work(See Instructions On Page 3) ☐ Other (See Instructions On Page 3)		
6	**ETHNICITY** Are You Hispanic or Latino? (Your Response is Voluntary) ☐ Yes ☐ No	7	**RACE** Select One or More (Your Response is Voluntary)	☐ Native Hawaiian ☐ American Indian ☐ Other Pacific Islander ☐ Alaska Native ☐ Black/African American ☐ White ☐ Asian
8	**SEX**	☐ Male ☐ Female		
9	**A. PARENT/ MOTHER'S NAME AT HER BIRTH**	First	Full Middle Name	Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3)			☐ Unknown
10	**A. PARENT/ FATHER'S NAME**	First	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)			☐ Unknown
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? ☐ Yes (If "yes" answer questions 12-13) ☐ No ☐ Don't Know (If "don't know," skip to question 14.)			
12	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card	MM/DD/YYYY		
14	**TODAY'S DATE** MM/DD/YYYY	15	**DAYTIME PHONE NUMBER**	Area Code Number
16	**MAILING ADDRESS** (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No.		
		City	State/Foreign Country	ZIP Code
17	**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.**			
	YOUR SIGNATURE	18	**YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:** ☐ Self ☐ Natural Or Adoptive Parent ☐ Legal Guardian ☐ 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
	DCL DATE

REQUEST FOR GENDER CHANGE ON DRIVER LICENSE/IDENTIFICATION CARD

PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK

Delaware Division of Motor Vehicles

Customer: Please complete Sections A, B, C, and D.

A - DRIVER INFORMATION

DRIVER LICENSE NUMBER	LAST NAME(S)	SUFFIX

FIRST NAME	MIDDLE NAME

DATE OF BIRTH			DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (if applicable)
MONTH	DAY	YEAR		

Please check the product(s) you currently have:

☐ Class D Driver License ☐ Commercial Driver License ☐ Identification Card

B - GENDER DESIGNATION STATEMENT

I, _____, wish the gender designation on my driver license/ID card to read:
(Applicant's Full Name)

☐MALE ☐FEMALE

C - TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER LICENSED IN THE UNITED STATES

PROVIDER'S LAST NAME	PROVIDER'S FIRST NAME	PROVIDER'S TITLE

PROVIDER'S ORGANIZATION	STATE MEDICAL LICENSE #	STATE LICENSED IN

PROVIDER'S STREET ADDRESS

CITY	STATE	ZIP

I am a licensed: ☐ Physician ☐ Therapist/Counselor ☐ Social Worker

My practice includes assisting, counseling or treating persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is . . . . . ☐ Male ☐ Female and can reasonably be expected to continue as such for the foreseeable future.

I certify, under the penalty of perjury, that the foregoing medical or social service provider information on this application is true and correct.

PROVIDER'S SIGNATURE: _____ DATE: _____

D - AUTHORIZATION AND CERTIFICATION

I certify, under the penalty of perjury, that the information on this application is true and correct to the best of my knowledge, that this request for the selected gender designation to appear on my driver license/ID card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose, and that I am a bona fide resident of Delaware.

APPLICANT'S SIGNATURE: _____ DATE: _____

E – TO BE COMPLETED BY THE DIVISION OF MOTOR VEHICLES

APPROVING SUPERVISOR/SENIOR NAME: _____

APPROVING SUPERVISOR/SENIOR SIGNATURE: _____ DATE: _____

STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
800 BAY ROAD
P.O. BOX 778
DOVER, DELAWARE 19903

Gender Designation Change Consent Form

Name:

I,_____, request to have my gender designation
(print name)

changed from M/F/X to M/F/X on my driver license or identification card

_____.
(Delaware DL/ID Number)

I understand Selective Service registration is required by law under 50 U.S.C. Appendix §§ 451-473, the Military Selective Service Act (MSSA). Selective Service determines the registration requirement on gender assigned at birth and not on gender identity or on gender reassignment. Individuals who are born male and change their gender to female or not specified are still required to register.

Signature: _____Date: _____

[Date of Issuance:]

DelDOT

(Affidavit must be on provider's letterhead OR

Provider's address: _____

Provider's telephone: _____

Provider's email: _____

Physician's Affidavit for Sex Change on Birth Certificate

I, _____, am a U.S.-licensed healthcare provider in good standing.
(*Provider's Full Name*)

Please check one box. Note: **Notarization of this letter is required for providers with an asterisk (*)**.

- ☐ Physician (MD or DO)
- ☐ Doctoral-level psychologist (PhD or PsyD in clinical or counseling)*
- ☐ Social worker (LMSW or LCSW)*
- ☐ Physician Assistant*
- ☐ Nurse practitioner*
- ☐ Mental Health Counselor*
- ☐ Midwife*

I am the healthcare provider of _____, whom I have treated in a doctor/patient relationship and have reviewed and evaluated his/her medical history.

Patient's Full Name at Birth: _____

If Name Change, Patient's Current Name: _____

Patient's Date of Birth: _____

Address: _____

_____

I hereby certify and confirm that, in keeping with contemporary expert standards regarding gender identity,

_____'s requested change of sex designation from

_____ to _____accurately reflects their gender identity. This is based on one of the following.

_☐_ The registrant has undergone surgical, hormonal, psychological or other treatment appropriate for the individual for the purpose of gender transition, based on contemporary medical standards.

_☐_ The registrant has an intersex condition, and that in the provider's professional opinion, the individual's sex as listed on the original birth certificate should be changed.

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

Signature of Provider: _____ Date: _____

Typed or Printed Name of Provider: _____

License Number: _____ State Issued: _____

Effective 2/11/2017

(Affidavit must be on provider's letterhead OR

Provider's address: _____

Provider's telephone: _____

Provider's email: _____

License Type: _____ National Provider Identifier (NPI) Number: _____

NOTARY ACKNOWLEDGMENT

STATE OF DELAWARE: **COUNTY OF** _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____ 20____.

_____
Notary Public

_____
Title

My commission expires: _____

Affidavit to change sex

I officially request that the sex listed on my child's birth certificate be changed to_____.

Signature_____

Date signed_____

Print Name_____

State of_____ , County of_____

Sworn and subscribed before me on this_____ Day of _____ 20____

Signature of Notary Public_____

My Commission expires_____

Affidavit to change se

I officially request my sex listed on my birth certificate be changed to _____.

Signature_____

Date signed _____

Print name_____

State of ____,County of_____

Sworn and subscribed before me on this _____ Day of _____ 20___

Signature of Notary Public_____

My commission expires _____

Panel 2

Joshua B. Brooks, Esquire
Young Conaway Stargatt & Taylor, LLP

Juan E. Martinez, Esquire
Benesch Friedlander Coplan & Aronoff LLP