

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 and 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:

- Email: OASys@dcas.nyc.gov with the subject line "Data Correction Form"
- Fax: (646) 500-7190, ATTN: Applications Processing
- Mail: DCAS, 1 Centre Street, 14th Floor, ATTN: Applications Processing, New York, NY 10007
- In-Person: Drop off at one of our Computer-based Testing and Applications Centers (CTACs) Monday - Friday from 9AM - 5PM (except City holidays) at:
 - Brooklyn @ 210 Joralemon, 4th floor, Brooklyn, NY 11201
 - Bronx @ 1932 Arthur Avenue, 2nd Floor, Bronx, NY 10457
 - Manhattan @ 2 Lafayette Street, 17th floor, New York, NY 10007
 - Queens @ 118-35 Queens Boulevard, 5th floor, Forest Hills, NY 11375
 - Staten Island @ 135 Canal Street, 3rd Floor, Staten Island, NY 10304

Name and Social Security Number Correction Form

Previous or incorrect information to be removed or replaced:

Note: All changes will require copies of your Social Security Card as well as Identification Cards or Legal Name Change Documentation. Please refer to our instruction page for more details.

For Social Security Number corrections, please enter your incorrect or temporary SSN in the following box (all 9-digits):

For name changes or corrections, please provide all previous or incorrect information regarding last name, first name or middle name in their corresponding boxes:

Last Name (include suffix: Jr./Sr./III, etc.)

First Name

Middle Name

Confirmation and signature:

Provide to DCAS your current or correct information within each corresponding box. Confirm all information provided is accurate then sign and date below:

Social Security Number (all 9-digits)

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