

## 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:
  - SSN Change: [OASys@dcas.nyc.gov](mailto:OASys@dcas.nyc.gov) with the subject line "Data Correction Form"
  - Name Change: [CustomerExperience@dcas.nyc.gov](mailto:CustomerExperience@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 corrections (all 9-digits):**

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

**First Name**

**Middle Name**

**Signature:**

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**Date:**

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