



**DEPARTMENT OF VETERANS AFFAIRS  
EASTERN COLORADO HEALTH CARE SYSTEM  
1055 Clermont Street  
Denver, Colorado 80220  
303-399-8020**

**IDENTITY TRAIT CHANGE REQUEST SUPPORTING LEGAL DOCUMENTATION**

**Supporting Legal Documentation for a Name Change**

When making a written amendment request for a name change, the individual must provide the following un-expired, official supporting documents from the list below:

1. One form of Primary Identification and one form of Secondary Identification  
**OR**
2. Two forms of Primary Identification

***NOTE: Marriage licenses or certificates are not sufficient documents for a name change, as not all people who apply for a marriage license or marry actually change their name.***

<b>Primary Identification</b>	<b>Secondary Identification</b>
State-Issued Driver's License	Social Security Card
Federal, State or Local-issued photo ID	Legal Document such as a name change court order or divorce decree showing the old and new names
VA Identification Card (VIC) or VHIC	Original or Certified Birth Certificate
United States (U.S.) Military Card	Certificate of Birth Abroad issued by the Department of State (Form FS-545)
Military Dependent's ID Card	Certification of Report of Birth issued by the Department of State (Form DS-1350)
U.S. Passport	Native American Tribal Document
Foreign Passport with Form I-94 or Form I-94A	Voter's Registration Card
Foreign Passport with temporary I-551 stamp	U.S. Citizen ID Card (Form I-197)
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	Identification Card for Use of Resident Citizen in the United States (Form I-179)
Employment Authorization Document that contains a photograph (Form I-766)	Employment Authorization Document issued by the Department of Homeland Security
School ID with photograph	Canadian Driver's License

**Supporting Legal Documentation for a DOB Correction**

To verify or correct the DOB, the individual must provide the following un-expired, official supporting documents from the list below:

1. One form of Primary Identification and one form of Secondary Identification  
**OR**
2. Two forms of Primary Identification

<b>Primary Identification</b>	<b>Secondary Identification</b>
State-Issued Driver's License	Original or Certified Birth Certificate
Federal, State or Local-issued photo ID	Certificate of Birth Abroad issued by the Department of State (Form FS-545)
VA Identification Card (VIC) or VHIC	Certification of Report of Birth issued by the Department of State (Form DS-1350)
U.S. Military Card	Native American Tribal Document
Military Dependent's ID Card	Voter's Registration Card
U.S. Passport	U.S. Citizen ID Card (Form I-197)
Foreign Passport with Form I-94 or Form I-94A	Identification Card for Use of Resident Citizen in the United States (Form I-179)
Foreign Passport with temporary I-551 stamp	Employment Authorization document issued by the Department of Homeland Security
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	Canadian Driver's License
Employment Authorization Document that contains a photograph (Form I-766)	
School ID with photograph	

**Supporting Legal Documentation for a SSN Change**

An amendment request to change the SSN requires that the individual submit the request in writing along with one form of un-expired Primary Identification and one form of Secondary Identification that displays the different SSN.

<b>Primary Identification</b>	<b>Secondary Identification</b>
State-Issued Driver's License	Social Security Card
Federal, State or Local-issued photo ID	Paycheck with SSN
VA Identification Card (VIC) or VHIC	IRS Forms W-2 or 1099
U.S. Military Card	SSA Letter
Military Dependent's ID Card	
U.S. Passport	
Foreign Passport with Form I-94 or Form I-94A	
Foreign Passport with temporary I-551 stamp	
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	

Employment Authorization Document that contains a photograph (Form I-766)	
School ID with photograph	

**Supporting Legal Documentation for a Gender Change**

Along with the written amendment request for a gender change, the individual must provide the following un-expired, official supporting documents from the list below:

1. One form of Primary Identification and one form of Secondary Identification  
**OR**
2. Two forms of Primary Identification, if at least one identifies the current gender

Primary Identification	Secondary Identification
State-Issued Driver's License	Amended Birth Certificate
Federal, State or Local-issued photo ID	Court Order for Gender Change
VA Identification Card (VIC) or VHIC	Signed Licensed Physician’s Statement on Office Letterhead (see requirements below)*
U.S. Military Card	
Military Dependent’s ID Card	
U.S. Passport	
Foreign Passport with Form I-94 or Form I-94A	
Foreign Passport with temporary I-551 stamp	
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	
Employment Authorization Document that contains a photograph (Form I-766)	
School ID with photograph	

\*An original statement from a licensed physician must include ALL of the following information:

- Physician’s full name
- Medical license or certificate number
- Issuing state of medical license/certificate
- Address and telephone number of the physician
- Language stating that he/she has treated the person or reviewed and evaluated the medical history of the applicant. He/she also has a doctor/patient relationship with the applicant which is evident in having one or more clinical encounters between doctor and patient
- Language stating that the patient has had appropriate clinical treatment for gender transition to the new gender (specifying male or female)
- Language stating “I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.”

If you have any questions, please feel free contact the Privacy Office at 303-399-8020 extension 2080 for Jeff Day or extension 2082 for Lesley Petersen.

## NAME/SSN/BIRTHDATE/GENDER CHANGE REQUEST

*Please print clearly!*

*\*Please select all that apply and complete corresponding sections below.*

**Change Request:**    Name         Social Security Number (SSN)         Birthdate         Gender

### Contact Information

_____	_____	_____	_____
First Name	Middle Name	Last Name	Suffix
_____			
Address			
_____			
_____	_____	_____	_____
City	State	Zip Code	Phone

### Name Change

_____	_____	_____	
SSN	Birthdate (MM/DD/YYYY)		
<b>Previous Name:</b>			
_____	_____	_____	_____
First Name	Middle Name	Last Name	Suffix
<b>New Name:</b>			
_____	_____	_____	_____
First Name	Middle Name	Last Name	Suffix
Reason for change: _____			

### Social Security Number Change

Previous SSN: \_\_\_\_\_ New SSN: \_\_\_\_\_

Reason for change: \_\_\_\_\_

### Birthdate Change

Previous Birthdate (MM/DD/YYYY): \_\_\_\_\_ New Birthdate (MM/DD/YYYY): \_\_\_\_\_

Reason for change: \_\_\_\_\_

### Gender Change

_____	_____	_____
SSN	Birthdate (MM/DD/YYYY)	
_____	_____	
Previous Gender	New Gender	

\_\_\_\_\_

Signature

\_\_\_\_\_

Date