



Application for Maryland Identification Card
Please read and complete both sides.

New Soundex
Old Soundex
Please do not write in the shaded areas.

Application for Identification Card: (Please check applicable box.)

Transaction:

- Original Duplicate Correction Renewal Legally Blind 65 years or older
 Handicapped (See reverse side.)

Reason for Duplicate:

- Lost Stolen Mutilated Frontal Photo

Reason for Correction: Remove Organ Donor Designation

- Error Divorce Marriage Other Reassume Birth Name or Other Former Name (See instructions below.)
 Court Order (If your name was changed by Court Order, attach a copy of that Order.)

If name changed, give former name:

First Middle Last

Instructions to reassume birth name or former name: An individual may reassume a name previously used provided the name is used openly, consistently, and without fraudulent intent. To reassume a previous name, you must bring an original or true test copy of the birth certificate or marriage license and one other form of identification. For example, social security card, voter registration card, bank statement, etc.

Social Security Number (Social Security Number will be used only for driver licensing & registration purposes.)

First Name Middle Name Last Name

*Residence Address - Street Address or R.F.D. and Box No.

City/Town State County Zip Code

*The use of a Post Office Box or private mail drop is not permitted. A P.O. Box may be listed after a residence address, if the P.O. Box is in the same city and zip code.

Restriction Height Weight Sex Race Date of Birth (M/D/Y)

Are you of Hispanic or Latino origin? Yes No

Are you...? (1) Black or African American (2) White (3) Asian (3) Native Hawaiian or Other Pacific Islander (4) American Indian or Alaska Native

NOTE: (5) Multiracial applicants may check all boxes which apply.

Please check if, upon your death, you desire to help others by becoming an organ donor. Yes No

Certification

I certify, under penalty of perjury, that the statements made on this application are true and correct to the best of my knowledge, information and belief.

Signature of Applicant Date

Employer Name Telephone Number

Employer's Address Date



Register to vote with your driver's license application. Ask a customer service representative for details.

