

## Application for PHL City ID

**Please note:** The information you provide in this application will be used only for the purpose of applying for a PHL City ID. The Municipal ID Program will maintain a record of an applicant’s first and last name, date of birth, municipal ID number issued, date of card issuance, date of card expiration and the points associated with documents presented to prove identity. The City shall keep all information provided by an applicant confidential to the maximum extent permitted by law.

Applicant Type					
<b>New Applicant \$10</b>	<b>Replacement PHL City ID \$10</b>	<b>Lost / Stolen \$10</b>	<b>Renewal PHL City ID \$10</b>	<b>Age 13-17 \$5</b>	<b>Seniors 65 y/o Free</b>
PHL City ID #:					

### Payment Methods

Cash  Credit / Debit card  Money Order  Waiver

### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*First Middle Initial Last Suffix MM/DD/YY*

Is this your legal name? YES  NO  If no, what is your legal name? \_\_\_\_\_

Gender: Male  Female  Non-Binary  Choose not to identify

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

### Language

Language Preference (If not English): \_\_\_\_\_

**Organ and Tissue Donation: Do you wish to donate your organs and tissue for transplant? In order to document your decision to register as organ donor, please visit: <https://donatelifeopa.org/> (OPTIONAL)**

YES

NO

**Designation**

Veteran YES  Document: \_\_\_\_\_ NO   
 Student YES  Document: \_\_\_\_\_ NO

**Emergency /Medical Information/Allergies (OPTIONAL)**

**Emergency**

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Due to limited space on the PHL City ID, we may not be able to include more than two (2) medical conditions or allergies on the PHL City ID. Please circle two conditions NONE:

High Blood Pressure (HBP)	High Cholesterol	Diabetes	Arthritis	Asthma
Chronic Kidney Disease	Heart Disease	COPD	Stroke	Autism
Hearing Impaired	Vision Impaired	Dementia	Alzheimer's	Other

**Allergies:** \_\_\_\_\_

**Free Library of Philadelphia**

If you already have a Free Library of Philadelphia Card and would like it to be printed on into your PHL City ID, you must present your Free Library of Philadelphia card during the PHL City ID printing process. If you do not have your card, a new number will be provided, and you can merge the accounts at any Free Library of Philadelphia branch. If you do not have an existing account, a new Free Library of Philadelphia card number will be provided with the PHL City ID. **Free Library of Philadelphia card Number** \_\_\_\_\_

**Disclaimer and Signature**

*I certify under penalty of perjury that I am a resident of the City of Philadelphia and that all statements set forth on this PHL City ID application are true and correct to the best of my knowledge and belief.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Proof of Identity			Proof of Address	
Three Points <input type="checkbox"/>	Two Points <input type="checkbox"/>	One Point <input type="checkbox"/>	Document <input type="checkbox"/>	Other <input type="checkbox"/>
Needs: _____			Needs: _____	