



US DEPARTMENT OF STATE
APPLICATION FOR A US PASSPORT

OMB APPROVAL NO. 1405-0004
EXPIRATION DATE XX/XX/XXXX
ESTIMATED BURDEN: See Instruction Page 3

WARNING: False statements made knowingly and willfully in passport applications, including affidavits or other supporting documents submitted therewith, are punishable by fine and/or imprisonment under the provisions of 18 USC 1001, 18 USC 1542, and/or 18 USC 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 USC 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 USC 1544. All statements and documents are subject to verification.

When completing this form, PRINT IN BLUE OR BLACK INK ONLY.

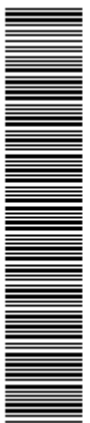
<input type="checkbox"/> 5 Yr. <input type="checkbox"/> 10 Yr. Issue Date _____	
<input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/> O <input type="checkbox"/> DP	End. # _____ Exp. _____

1. Name of Applicant

Last		Suffix (Jr., Sr., III)
First	Middle	

2. Date of Birth (mm/dd/yyyy)

3. Sex <input type="checkbox"/> M <input type="checkbox"/> F	4. Place of Birth (City & State <u>OR</u> City & Country)	5. Social Security Number	6. Alien Registration No. (If applicable)
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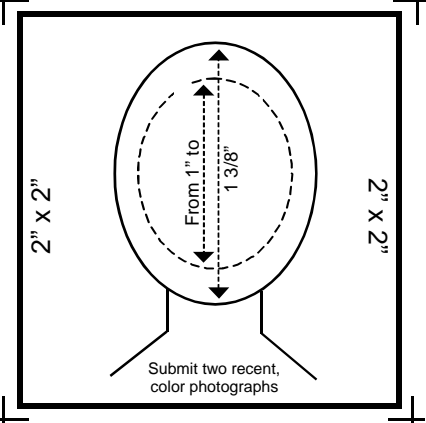
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7. Height Feet _____ Inches _____	8. Hair Color	9. Eye Color	10. Occupation	11. Employer
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12. E-Mail Address (Optional)

13. Mailing Address

Street / RFD # <u>OR</u> Post Office Box		Apartment #
City	State	Zip Code
Country (If outside the US)	In Care of (if applicable)	



14. Permanent Address or Residence (If same as mailing address write "Same As Above")

Street / RFD # (DO NOT LIST P.O. BOX)		Apartment #
City	State	Zip Code

15. Home Telephone (Include Area Code)

16. Business Telephone (Include Area Code)

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17. Have you ever applied for or been issued a US passport? YES NO If yes, complete the remaining items in block #17 and submit most recent passport.

Name in which your most recent passport was issued.	Status of most recent passport. <input type="checkbox"/> Submitted <input type="checkbox"/> Stolen <input type="checkbox"/> Lost Other _____
Most recent passport number.	Approximate date your most recent US passport was issued or date you applied. (mm/dd/yyyy)

18. Travel Plans

Date of Trip (mm/dd/yyyy)	Length of Trip	Countries to be Visited
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19. Have you ever been married? YES NO If yes, complete the remaining items in block #19.

Spouse's or Former Spouse's Full Name		Is your spouse (or former spouse) a US citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>
Date of Birth	Place of Birth	Date of Most Recent Marriage
		Widowed? <input type="checkbox"/> Divorced? <input type="checkbox"/> Give Date: _____

20. What other names have you used? (Include name changes, maiden name, & former married names)

1)	2)	3)	4)
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NAME OF APPLICANT (Last, First, Middle)	Date of Birth (mm/dd/yyyy)
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21. Parental Information

Mother's Maiden Name			Date of Birth	Place of Birth
Last	First	Middle		
Father's Name			Date of Birth	Place of Birth
Last	First	Middle		
Is your mother a US citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is your father a US citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	

22. Emergency Contact — Provide the information of a person not traveling with you to be contacted in the event of an emergency.

Name		Street / RFD #		
Apartment #	City	State	Zip Code	
Telephone ()		E-mail Address (Optional)		Relationship

STOP! DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY PERSON ADMINISTERING OATH.

23. Oath & Signature

I declare under penalty of perjury that I am a United States citizen (or non-citizen national) and have not, since acquiring United States citizenship (or US nationality), performed any of the acts listed under "Acts or Conditions" on the reverse of this application form (unless explanatory statement is attached). I declare under penalty of perjury that the statements made on this application are true and correct.

X _____
Applicant's Signature — age 14 and older

X _____
Mother's/Legal Guardian's Signature (if identifying)

X _____
Father's/Legal Guardian's Signature (if identifying)

Applicant's or Father's Identification information	
<u>Type of Document</u>	<u>Issue Date</u>
<input type="checkbox"/> Driver's License	<u>Expiration Date</u>
<input type="checkbox"/> Passport	<u>Place of Issue</u>
<input type="checkbox"/> Military Identification	
<input type="checkbox"/> Other (Specify)	
<u>Name</u>	
<u>ID Number</u>	

FOR ACCEPTANCE AGENT USE ONLY

Facility Identification Number _____

Acceptance Agent; Facility Name & Location _____

(Vice) Consul USA; Location _____

Passport Services Staff Agent _____

Subscribed & sworn to (affirmed) before me

_____ **Date** _____ (SEAL)

(Signature of person authorized to accept applications)

Mother's Identification information	
<u>Type of Document</u>	<u>Issue Date</u>
<input type="checkbox"/> Driver's License	<u>Expiration Date</u>
<input type="checkbox"/> Passport	<u>Place of Issue</u>
<input type="checkbox"/> Military Identification	
<input type="checkbox"/> Other (Specify)	
<u>Name</u>	
<u>ID Number</u>	

For Issuing Office Use Only

Name as it appears on citizenship evidence: _____

Birth Certificate: SR CR City File Date: _____ Issue Date: _____

Passport Issue Date: _____

Report of Birth: 240 545 1350 Issue Date: _____

Naturalization Certificate Issue Date: _____ Cert. #: _____

Citizenship Certificate Issue Date: _____ Cert. #: _____

Other: _____

Seen & Returned

Attached: _____

APPLICATION APPROVAL

FEE _____ EXEC. _____ EF _____ OTHER _____