



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

**1. Name of Applicant**

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

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

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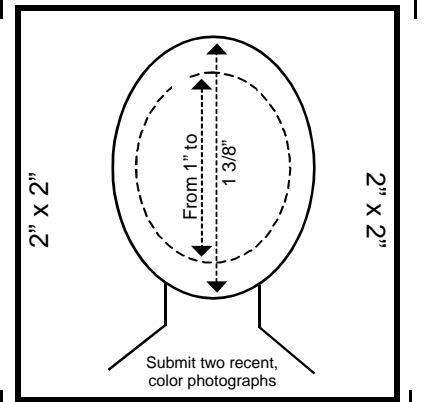
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<b>7. Height</b> Feet _____ Inches _____	<b>8. Hair Color</b>	<b>9. Eye Color</b>	<b>10. Occupation</b>	<b>11. Employer</b>
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**12. E-Mail Address** (Optional)

**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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<b>NAME OF APPLICANT</b> (Last, First, Middle)	<b>Date of Birth</b> (mm/dd/yyyy)
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**21. Parental Information**

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

<b>Name</b>		<b>Street / RFD #</b>		
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)**

<b>Applicant's or Father's Identification information</b>	
<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 \_\_\_\_\_

(Signature of person authorized to accept applications)

<b>Mother's Identification information</b>	
<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 \_\_\_\_\_