



SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE ENTITLEMENT FOR A U.S. PASSPORT

USE OF SUPPLEMENTAL QUESTIONNAIRE TO ESTABLISH ENTITLEMENT FOR A U.S. PASSPORT

This form is intended to supplement an application for a U.S. passport in the event insufficient evidence of entitlement is provided. In addition to completing this form, you may be asked to provide further documentary evidence to support your claim. Documentary evidence should contain your full name, date and/or place of birth, and the seal or other certification of the issuing office (if customary) and the signature of the issuing official. For more information on proof of U.S. citizenship, please refer to page two of the instructions for the DS-11, Application for a U.S. Passport, or visit travel.state.gov.

FORM INSTRUCTIONS

1. To assist us in establishing your entitlement for a U.S. passport, please fill out this supplemental questionnaire and return it to the requesting passport office. **If you have been asked for additional information and/or documentation, please submit the information and/or documentation requested with this supplemental questionnaire.**
2. If you are unable to provide primary evidence of U.S. citizenship, such as a previously issued U.S. passport or a certified birth certificate, please submit secondary evidence. For lists of primary and secondary evidence of U.S. citizenship, go to <http://travel.state.gov/passport> and click on the link to information for first time applicants.
3. **Please complete the questions on this form to the best of your knowledge.** Generally, the more information you are able to provide, the faster we may be able to process your U.S. passport application.
4. **If you are unsure of the answer to a question, please provide a response to the best of your knowledge.** For example, if you are unsure of an exact address, please provide the city, state, and street name if you can recall them. Passport Services will consider all the information derived from the form in its entirety.
5. **Failure to answer every question will not necessarily preclude passport issuance as the form is considered in its entirety.**
6. **If you have no knowledge of the answer to a question, please write "I don't know." If you believe a particular question does not apply to you or your circumstances, please write "Not Applicable" or "N/A."** The Department realizes that most information for this questionnaire may be difficult to obtain and will likely come from other sources. The Department will take these factors into account in the passport issuance process.
7. If you need more space to respond to a question, please write the rest of your response on a separate sheet of paper.

FOR INFORMATION AND/OR QUESTIONS

Please visit our website at travel.state.gov. In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD 1-888-874-7793) or by e-mail at NPIC@state.gov. Customer Service Representatives are available Monday-Friday, 8:00 a.m.-10:00 p.m. Eastern Time (excluding federal holidays). Automated information is available 24/7.

WARNING

False statements made knowingly and willfully in passport applications or in affidavits or other supporting documents submitted therewith are punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 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 U.S.C. 1544. All statements and documents are subject to verification.

PRIVACY ACT STATEMENT

AUTHORITIES: We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 22 U.S.C. 2714a(f) Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: We are requesting this information in order to determine your entitlement to be issued a U.S. passport. The collection of the Social Security number will be used for identity/entitlement to passport verification only and no other purpose unless authorized by law.

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad.

More information on the routine uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

DISCLOSURE: Providing information on this form is voluntary, but failure to provide your Social Security number on your passport application may result in the denial of your application (consistent with 22 U.S.C. 2714a(f))

PAPERWORK REDUCTION ACT STATEMENT

The public reporting burden for this collection of information is estimated to average 85 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. Responding to this collection of information is voluntary. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Legal Affairs and Law Enforcement Liaison, 44132 Mercure Cir, P.O. Box 1227, Sterling, Virginia 20166-1227.



U.S. Department of State
**SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE
 ENTITLEMENT FOR A U.S. PASSPORT**

OMB CONTROL NO. 1405-0214
 OMB EXPIRATION DATE: XX-XX-XXXX
 ESTIMATED BURDEN: 85 minutes

Section A: Biographical Information

1. Full Name:
(First, Middle, Last)

2. Date of Birth: - - **3. Social Security Number:**
(MM-DD-YYYY)

4. Place of Birth (City, State/Country):

Section B: Information about Your Family - *Living and Deceased*

| Relationship | Full Name | Place of Birth (City, State, Country) | Date of Birth | U.S. Citizen? |
|-----------------------|-------------------------|--|-------------------|--|
| <i>Example</i> | <i>Example</i> | <i>Example</i> | <i>Example</i> | <i>Example</i> |
| Parent(s) | Joe Smith Keaton | Anytown, Anystate, USA | 12-25-1980 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Parent(s) | 1. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 2. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stepparent(s) | 1. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 2. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sibling(s) | 1. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 2. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 3. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 4. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Grandparent(s) | 1. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 2. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 3. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 4. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Provide any other names your relatives listed above may have used:

Section C: Information for Non-Institutional Births or Delayed Birth Filings

(Fill in as much information as possible. Attach a separate sheet, if needed.)

1. Mother's medical information:

Did your mother receive medical care while pregnant with you and/or up to one year after your birth? Yes No

Name of Doctor:

Approximate dates of appointments:

Mother's medical information (continued):

Name of hospitals or facilities where she received care during pregnancy:

Address:

(Street Address)

(City)

(State and Country)

Please provide description of birthing location:

(Private home, hospital, clinic, etc.)

Length of time mother stayed at the birthing location listed above?

(One day, three weeks, etc.)

Please provide the names (as well as address and phone number, if available) of persons present at your birth such as medical personnel, family members, etc.:

2. List all your parents' residences one year before your birth:

(Street Address)

(City)

(State and Country)

(Street Address)

(City)

(State and Country)

3. Parents' place of employment at the time of your birth:

Dates of employment:

Name of employer:

Address of employer:

(Street Address)

(City)

(State and Country)

Dates of employment:

Name of employer:

Address of employer:

(Street Address)

(City)

(State and Country)

4. If your parents were not U.S. citizens at the time of your birth, what type of document, if any, did they use to enter the United States? Examples include foreign passport, U.S. or a foreign border crossing document, residency card, etc.

5. Please provide copies of public records created in the first five years of your life which reference your name, date of birth, and place of birth. List them below and submit documents as available. Examples: birth announcements, medical records, baptismal certificates or other religious records, etc.

| | |
|-----------------------|---|
| | |
| (Name of Institution) | (Approximate date document was created) |
| | |
| (City) | (State and Country) |
| | |
| (Name of Institution) | (Approximate date document was created) |
| | |
| (City) | (State and Country) |

Section D: Schools/Day Care Centers/Developmental Programs

(Fill in as much information as possible. Attach a separate sheet, if needed.)

Provide copies of any records for any schools, day care centers, or developmental programs you attended from birth to age 18 in or outside of the United States. List the institutions below and submit documents as available. (Recommend listing at least the first three.)

| Name of School/Daycare/ Developmental Program | City | State | Country | Dates of Attendance |
|---|----------------|----------------|----------------|-----------------------|
| <i>Example</i> | <i>Example</i> | <i>Example</i> | <i>Example</i> | <i>Example</i> |
| Washington Elementary | Anytown | Anystate | USA | 08-1990 to 06-1994 |
| | | | | |
| | | | | |
| | | | | |

Section E: Residences

(Fill in as much information as possible. Attach a separate sheet, if needed.)

Please list all of your permanent residences inside and outside of the United States starting with your birth until age 18 (Recommend listing at least the first three.) Temporary locations of less than 90 days may be omitted.

| Street | City | State | Country | Time of Residence |
|----------------|----------------|----------------|----------------|-----------------------|
| <i>Example</i> | <i>Example</i> | <i>Example</i> | <i>Example</i> | <i>Example</i> |
| 123 First St. | Anytown | Anystate | USA | 03-1990 to 06-2002 |
| | | | | |
| | | | | |
| | | | | |

Section F: Signature

I declare under penalty of perjury that all responses contained in this document are true and correct to the best of my knowledge.

Signature

Date