

**APPLICATION FOR A U.S. PASSPORT** 

OMB CONTROL NO. 1405-0004 EXPIRATION DATE: XX-XX-XXXX ESTIMATED BURDEN: 85 MINUTES

This form is used to apply for a U.S. passport. For information or questions, visit the official Department of State website at travel.state.gov or contact the National Passport Information Center (NPIC) at 1-877-487-2778 (TDD/TTY: 1-888-874-7793) or NPIC@state.gov.

## WHAT TO SUBMIT WITH THIS APPLICATION

#### 1. PROOF OF U.S. CITIZENSHIP

Submit an original or certified copy and a photocopy of the front (and back, if there is printed information) with your application. Your evidence will be returned to you if it is not damaged, altered, or forged. Submit one of the following:

- U.S. birth certificate that meets all of the following requirements:
  - Issued by the city, county, or state of birth
  - Lists your full name, date of birth, and place of birth
- Lists your parent(s)' full names
- Has the date filed with registrar's office (must be within one year of birth)
- Has the registrar's signature and the seal of the issuing authority

You must establish your citizenship to the satisfaction of the U.S. Department of State (Department) and may be asked to provide additional evidence. If you are claiming citizenship through the naturalization of your parents or if your U.S. birth certificate was filed more than one year after your birth, see instruction page 2. More information can be found on travel.state.gov/citizenship.

#### 2. PROOF OF IDENTITY

Present your original identification and submit a photocopy of the front and back with your application. It must show a photograph that is a good likeness of you. Examples include:

- · Previous or current U.S. passport book/card
- Military identification; federal, state, or city government employee identification
- Driver's license (not temporary or learner's permit)
   Certificate of Naturalization or Citizenship

You must establish your identity to the satisfaction of the Department and may be asked to provide additional evidence. More information can be found at travel.state.gov/identification. If you have changed your name, please see instructions on what to submit at travel.state.gov/namechange.

# 3. A RECENT COLOR PHOTOGRAPH

Submit one color photograph, 2x2 inches in size. Photographs must meet the following requirements (see the full list on travel.state.gov/photos):

- Head must be 1-1 3/8 inches from the bottom of the chin to the top of the head 🖉 Use a plain white or off-white background
- Taken less than six months ago
- No glasses or hat/head covering\*

- Head must face the camera directly with full face in view
- Printed on matte or glossy photo quality paper

\* Head coverings are not acceptable unless you submit a signed statement verifying that it is part of recognized, traditional religious attire that is customarily or required to be worn continuously in public or a signed doctor's statement verifying its daily use for medical purposes. Glasses or other eyewear are not acceptable unless you submit a signed statement from a doctor explaining why you cannot remove them (e.g., during the recovery period from eye surgery).

#### 4. FEES

Please visit our website at travel.state.gov/passportfees for current fees. For information on optional services, see instruction page 2. Payment methods:

- If applying at an <u>acceptance facility</u>: Passport fees must be made by check (personal, certified, cashiers, travelers) or money order (U.S. Postal, international, currency exchange) with the applicant's full name and date of birth printed on the front and payable to "U.S. Department of State." The execution fee **must be paid separately** and made payable to the acceptance facility in the form that they accept.
- If applying at a <u>passport agency</u>: We accept checks (personal, certified, cashiers, travelers); major credit cards (Visa, Mastercard, American Express, Discover); money orders (U.S. Postal; international, currency exchange); or exact cash (no change provided). All fees should be payable to the "U.S. Department of State."
- If applying <u>outside the United States</u>: Please see the website of your embassy, consulate, or consulate agency to see what forms of payment they accept.

#### **FOR CHILDREN UNDER 16**

To submit an application for a child under age 16, both parents or the child's legal guardian(s) and the child must appear in person and present all of the above plus the following:

- Evidence of the child's relationship to parents/guardian(s) (Example: a birth certificate or Consular Report of Birth Abroad listing the names
  of the parent(s)/guardian(s) and child)
- Original parental/guardian government-issued photo identification and a photocopy of the front and back (to satisfy proof of identity).

#### If only one parent/guardian can appear in person with the child, you must also submit one of the following:

- The second parent's notarized written statement or DS-3053 (including the child's full name and date of birth) consenting to the passport issuance for the child. The notarized statement <u>cannot</u> be more than three months old, <u>must</u> be signed and notarized on the same day, and <u>must</u> come with a photocopy of the front and back side of the second parent's government-issued photo identification.
- The second parent's death certificate (if second parent is deceased)
- Evidence of sole authority to apply (Example: a court order granting sole legal custody or a birth certificate listing only one parent)
- A written statement (made under penalty of perjury) or DS-5525 explaining, in detail, why the second parent cannot be reached

# FOR CHILDREN AGE 16 OR 17

The Department may request the consent of one legal parent/legal guardian to the issuance of a passport to an applicant who is 16 or 17 years of age. In many cases, the passport authorizing officer may be able to ascertain parental awareness of the application by virtue of the parent's presence when the minor submits the application or a signed note from the parent or proof the parent is paying the application fees. However, the passport authorizing officer retains discretion to request the legal parent's/legal guardian's notarized statement of consent to issuance (e.g., on Form DS-3053).

Fully-valid, undamaged U.S. passport (may be expired)

Certificate of Naturalization or Citizenship

Consular Report of Birth Abroad or Certification of Birth



# U.S. Department of State APPLICATION FOR A U.S. PASSPORT HOW TO SUBMIT THIS APPLICATION

Complete and submit this application in person to a designated passport acceptance facility, a passport agency (by appointment only), or a U.S. embassy, consulate, or consular agency (if abroad). To find your nearest acceptance facility, visit travel.state.gov or call the NPIC at 1-877-487-2778 (TDD/TTY: 1-888-874-7793).

#### OTHER FORMS OF PROOF OF U.S. CITIZENSHIP

#### **APPLICANTS BORN IN THE UNITED STATES**

An acceptable U.S. birth certificate must include your full name, date and place of birth, gender, date the birth record was filed, the seal or other certification of the official custodian of such records (state, county, or city/town office), and the full names of your parent(s).

- If the birth certificate was filed more than one year after the birth: It must be supported by evidence described in the next paragraph.
- If no birth record exists: Submit a registrar's notice to that effect. Also, submit a combination of the evidence listed below, which should include your first and last name, date and/or place of birth, the seal or other certification of the office (if customary), and the signature of the issuing official.
  - A hospital birth record
  - An early baptismal or circumcision certificate
  - Early census, school, medical, or family Bible records
  - Insurance files or published birth announcements (such as a newspaper article)
  - Notarized affidavits (or DS-10, Birth Affidavit) of older blood relatives having knowledge of your birth may be submitted in addition to some of the records listed above.

#### APPLICANTS BORN OUTSIDE THE UNITED STATES

<u>Please note:</u> If we determine that you are a U.S. citizen, your lawful permanent resident card submitted with this application will be forwarded to U.S. Citizenship and Immigration Services.

- If you claim citizenship through naturalization of one or both parent(s), submit all of the following:
  - Certificate(s) of Naturalization of your parent(s)
  - Your foreign birth certificate (and official translation if the document is not in English)
  - Evidence of your admission to the United States for legal permanent residence and proof you subsequently resided in the United States
  - Your parents' marriage certificate and/or evidence that you were in the legal and physical custody of your U.S. citizen parent, if applicable
- If you claim citizenship through birth abroad to at least one U.S. citizen parent, submit all of the following:
  - Consular Report of Birth Abroad (Form FS-240), Certification of Birth (Form DS-1350 or FS-545), or your foreign birth certificate (and official translation if the document is not in English)
  - Proof of U.S. citizenship of your parent
  - Your parents' marriage certificate
  - Affidavit showing all of your U.S. citizen parents' periods and places of residence and physical presence before your birth (DS-5507)
- If you claim citizenship through adoption by a US citizen parent(s)\*, submit all of the following:
  - · Evidence of your permanent residence status
  - Evidence of your full and final adoption
  - Evidence that you were in the legal and ohysical custody of your U.S. citizen parent(s)
  - · Evidence you have resided in the United States
- \*Only applies if the applicant was born on or after 10/05/1978

You must establish your citizenship to the satisfaction of the Department. We may ask you to provide additional evidence to establish your claim to U.S. citizenship. Visit travel.state.gov/citizenship for details.

#### **OTHER FEE INFORMATION**

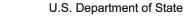
#### FEES ARE LISTED ON OUR WEBSITE AT TRAVEL.STATE.GOV. BY LAW, PASSPORT FEES ARE NON-REFUNDABLE.

**Expedited service**: Available for an additional fee. Our website travel.state.gov contains updated information regarding fees and processing times for expedited service. Expedited service is only available for passports mailed in the United States and Canada. Please include the appropriate fee with your payment.

1-2 Day Delivery: Available for an additional fee. This service is only available for passport book (and not passport card) mailings in the United States. Please include the appropriate fee with your payment.

Verification of a previous U.S. Passport or Consular Report of Birth Abroad: An additional fee will be charged when, upon your request, we verify issuance of a previous U.S. passport or Consular Report of Birth Abroad because you are unable to submit evidence of U.S. citizenship.

**Special Issuance Passports:** If you present U.S. government authorization to apply for a special issuance passport (no-fee regular, service, official, or diplomatic), you must pay the execution fee when applying at a designated acceptance facility. No other fees are charged when you apply.





# **APPLICATION FOR A U.S. PASSPORT**

## **GENDER MARKER INFORMATION**

We print passport holders' gender in the "Sex" field of U.S passports. The gender markers we use are: M (male), F (female) and X (unspecified or another gender identity). The gender marker that you check on this form will appear in your passport regardless of the gender marker(s) on your previous passport and/or your supporting evidence of citizenship and identity. If changing your gender marker select "Yes" in the "Gender" section (item #3) on Application Page 1. If no gender marker is selected, we will print the gender as listed on your supporting evidence. Please Note: We cannot guarantee that other countries you visit or travel through will accept the gender marker on your passport. Research the laws of the countries you plan to visit or travel through to make sure you understand their entry requirements. Some countries and travel companies may not recognize the "X" gender marker. Visit travel.state.gov for more information.

# INFORMATION ON HOW YOU RECEIVE YOUR PASSPORT(S)

**Separate mailings:** You may receive your newly-issued U.S. passport book and/or card and your citizenship evidence in two separate mailings. If you are applying for both a U.S. passport book and passport card, you may receive three separate mailings; one with your returned evidence, one with your newly-issued passport book, and one with your newly-issued passport card.

Passport numbers: Each newly issued passport book or card will have a different passport number than your previous one.

"In Care Of": If you do not live at the address listed in the "Mailing Address" section (item #8) on Application Page 1, put the name of the person who lives at this address and mark it "In Care Of" in "Mailing Address Line 2". If the applicant is a minor child, you must include the "In Care Of" name of the adult registered to receive mail at this address.

**Moved?** If your mailing address changes prior to receipt of your new passport, please contact the NPIC at 1-877-487-2778 (TDD/TTY: 1-888-874-7793) or NPIC@state.gov.

NOTE: The U.S. Department of State will not mail a U.S. passport to a private address outside the United States or Canada.

# WHAT IS THE DIFFERENCE BETWEEN A PASSPORT BOOK AND A PASSPORT CARD?

The U.S. passport card is not valid for international air travel. Unlike the U.S. passport book, the U.S. passport card is valid only for entry at land border crossings and sea ports of entry when traveling from Canada, Mexico, Bernuda, and the Caribbean.

The maximum number of letters provided for your given name (first and middle) on the U.S. passport card is 24 characters. If both your given names are more than 24 characters, you must shorten one of your given names you list on item #1 on "Application Page 1".

Both the passport book and card are U.S. passports. They reflect the bearer's identity and nationality, and they are subject to existing passport laws and regulations. U.S. passports are only issued to U.S. citizens or non-citizen U.S. nationals.

# HOW FEES ARE ESTABLISHED AND PROCESSED

Passport service fees are established by law and regulation (see 22 U.S.C. 214, 22 C.F.R. 22.1, and 22 C.F.R. 51.50-56) and are collected at the time you apply for the passport service.

If we fail to receive full payment of the applicable fees (for example, if your check is returned for any reason or you dispute a passport fee charge to your credit card), the U.S. Department of State will take action to collect the delinquent fees from you under 22 C.F.R. Part 34 and the Federal Claims Collection Standards (see 31 C.F.R. Parts 900-904). In accordance with the Debt Collection Improvement Act (Pub.L. 04-134), if the fees remain unpaid after 180 days and no repayment arrangements have been made, we will refer the debt to the U.S. Department of the Treasury for collection. Debt collection procedures used by the U.S. Department of the Treasury may include referral of the debt to private collection agencies, reporting of the debt to credit bureaus, garnishment of private wages, and administrative offset of the debt by reducing or withholding eligible federal payments (e.g., tax refunds, Social Security payments, federal retirement, etc.) by the amount of your debt, including any interest penalties or other costs incurred. In addition, non-payment of passport fees may result in the invalidation of your passport. An invalidated passport cannot be used for travel.

If you send us a check, it will be converted into an electronic funds transfer (EFT). This means we will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually occur within 24 hours and will be shown on your regular account statement. You will not receive your original check back. We will destroy your original check, but we will keep the copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, we may try to make the transfer up to two times, and we will charge you a one-time, non-refundable fee of \$25, which we will also collect by EFT.

#### NOTICE TO APPLICANTS FOR NO-FEE REGULAR, SERVICE, OFFICIAL, OR DIPLOMATIC PASSPORTS

You may use this application if you meet all of the provisions listed; however, you must <u>consult your sponsoring agency for instructions on proper</u> routing procedures before forwarding this application. Your completed passport will be released to your sponsoring agency and forwarded to you.

#### PROTECT YOURSELF AGAINST IDENTITY THEFT - REPORT YOUR PASSPORT LOST OR STOLEN

A United States citizen or non-citizen national may not normally have more than one valid or potentially valid U.S. passport book or more than one valid or potentially valid U.S. passport card at a time. Therefore, when a valid or potentially valid U.S. passport book or card cannot be presented with a new application, you must submit a Form DS-64, Statement Regarding a Lost or Stolen Valid U.S. Passport. Your statement must detail why the previous U.S. passport book or card cannot be presented.

The information you provide regarding your lost or stolen valid U.S. passport book or card will be placed into our Consular Lost or Stolen Passport System. This system is designed to prevent the misuse of your lost or stolen U.S. passport book or card. Anyone using the passport book or card that was reported lost or stolen may be detained upon entry into the United States. If you find the U.S. passport book or card that was reported lost or stolen, immediately report it as found and submit it for cancellation. It has been invalidated. You cannot use that passport book or card for travel.

For more information regarding reporting a lost or stolen U.S. passport book or card, please call the NPIC at 1-877-487-2778 or (TDD/TTY: 1-888-874-7793) or visit travel.state.gov.

U.S. Department of State



# **APPLICATION FOR A U.S. PASSPORT**

# WARNING

False statements made knowingly and willfully in passport applications, including affidavits or other documents submitted to support this application, are punishable by fine and/or imprisonment under U.S. law including 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 herein 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.

# Failure to provide information requested on this form, including your Social Security number, may result in significant processing delays and/or the denial of your application.

## FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 U.S.C. 6039E) and 22 U.S.C. 2714a(f) require you to provide your Social Security number (SSN), if you have one, when you apply for or renew a U.S. passport. If you have never been issued an SSN, enter zeros in item #5 on Application Page 1. If you are residing abroad, you must also provide the name of the foreign country in which you are residing. The U.S. Department of State must provide your SSN and foreign residence information to the U.S. Department of the Treasury. If you fail to provide the information, your application may be denied and you are subject to a \$500 penalty enforced by the Internal Revenue Service (IRS). All questions on this matter should be referred to the nearest IRS office.

Your Social Security number will be provided to the U.S. Department of the Treasury and may be used in connection with debt collection and checked against lists of persons ineligible or potentially ineligible to receive a U.S. passport among other authorized uses.

## ACTS OR CONDITIONS

If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, a supplementary explanatory statement under oath (or affirmation) by the applicant should be attached and made a part of this application.

I have not been convicted of a federal or state drug offense or convicted of a "sex tourism" crimes statute, and I am not the subject of an outstanding federal, state, or local warrant of arrest for a felony; a criminal court order forbidding my departure from the United States; or a subpoena received from the United States in a matter involving federal prosecution for, or grand jury investigation of, a felony.

# PRIVACY ACT STATEMENT

**AUTHORITIES:** Collection of this information is authorized by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E, 22 U.S.C. 2714a(f), Section 236 of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001; 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 eligibility to be issued a U.S. passport. Your Social Security number is used to verify your identity.

**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. Your Social Security number will be provided to the U.S. Department of the Treasury and may be used in connection with debt collection, among other purposes authorized and generally described in this section. More information on the routine uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and Other Overseas Records and State-26, Passport Records.

**DISCLOSURE:** Providing information on this form is voluntary. Be advised, however, that failure to provide the information requested on this form may cause delays in processing your U.S. passport application and/or could also result in the refusal or denial of your application. Failure to provide your Social Security number may result in the denial of your application (consistent with 22 U.S.C. 2714a(f)) and may subject you to penalty enforced by the Internal Revenue Service, as described in the Federal Tax Law section of the instructions to this form.

# PAPERWORK REDUCTION ACT STATEMENT

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. 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: Passport Forms Officer, U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Cir, PO Box 1199, Sterling, Virginia 20166-1199.



# U.S. Department of State APPLICATION FOR A U.S. PASSPORT

Use <u>black ink</u> only. If you make an error, complete a new form. Do not correct.

| Select document(s) for which you are submitting fees:   U.S. Passport Book U.S. Passport Card   Both   The U.S. passport card is not valid for international air travel. See Instruction Page 3   Regular Book (Standard)   Large Book (Non-Standard)   The large book is for frequent international travelers who need more visa pages.     1. Name Last     First     Middle     2. Date of Birth (mm/dd/yyyy)     3. Gender (ReadInstructionPage3) 4. Place of Birth (City & State if in the U.S. or City & Country as it is presently keys                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| The large book is for frequent international travelers who need more visa pages.     1. Name Last     D     D     C     Pirst     Middle     2. Date of Birth (mm/dd/yyyy)     3. Gender (ReadInstructionPage3) 4. Place of Birth (City & State if in the U.S. or City & Country as it is presently keys                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1. Name Last       D       O       S       NFR         First       Middle       End. #       Exp.         2. Date of Birth (mm/dd/yyyy)       3. Gender (ReadInstructionPage3) 4. Place of Birth (City & State if in the U.S. or City & Country as it is presently keys         M       F       Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| First       Middle         2. Date of Birth (mm/dd/yyyy)       3. Gender (ReadInstructionPage3) 4. Place of Birth (City & State if in the U.S. or City & Country as it is presently k         M       F         Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| First       Middle         2. Date of Birth (mm/dd/yyyy)       3. Gender (ReadInstructionPage3) 4. Place of Birth (City & State if in the U.S. or City & Country as it is presently k         M       F       X       Changing gender marker?<br>Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. Date of Birth (mm/dd/yyyy)<br>3. Gender (ReadInstructionPage3) 4. Place of Birth (City & State if in the U.S. or City & Country as it is presently k<br>M F X Changing gender marker?<br>Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| M F X Changing gender marker?<br>Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| M F X Changing gender marker?<br>Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 5. Social Security Number 6. Email (see application status at passportstatus.state.gov) 7. Primary Contact Phone Numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 8. Mailing Address Line 1: Street/RFD#, P.O. Box, or URB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Address Line 2: (Include Apartment, Suite, etc. If applicant is a child, write "In Care Of" of the parent. Example: In Care Of - Jane Doe, mother)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if nee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | needed.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Image: Signature of person authorized to accept applications       Date       Exp. Date       Country of Issuance         Signature of person authorized to accept applications       Date       Applicant's Legal Signature - age 16 and older         By signing this form, I certify that I have provided the verbal of the instructions to the application form.       Date       Applicant's Legal Signature - age 16 and older         Print Facility Name/Location       Date       Date       Applicant's Signature (if identifying notice to the application form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tifying minor)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

| Name of Applicant (Last, First, & Midd                                                                                                                                                                 | lle)                          |                                      |                                      | Date of Birth (mm/dd/yyyy)                               |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------|--------------------------------------|----------------------------------------------------------|--|--|
|                                                                                                                                                                                                        |                               |                                      |                                      |                                                          |  |  |
| <b>10. Parental Information</b><br>Mother/Father/Parent - First & Middle N                                                                                                                             | Jame (at Parent's Birth)      |                                      | Last Name (at Parent's Birth)        |                                                          |  |  |
|                                                                                                                                                                                                        |                               |                                      |                                      |                                                          |  |  |
| Date of Birth ( <i>mm/dd/yyyy</i> )                                                                                                                                                                    | Place of Birth (City & S      | State if in the U.S. or City         | & Country as it is presently kno     | own) Gender U.S. Citizen?                                |  |  |
|                                                                                                                                                                                                        |                               |                                      |                                      | M Yes                                                    |  |  |
| Mother/Father/Parent - First & Middle N                                                                                                                                                                | lame (at Parent's Birth)      |                                      | Last Name (at Parent's Birth)        | F No<br>X                                                |  |  |
|                                                                                                                                                                                                        |                               |                                      |                                      |                                                          |  |  |
| Date of Birth (mm/dd/yyyy)                                                                                                                                                                             | Place of Birth (City & S      | State if in the U.S. or City         | & Country as it is presently kno     | own) Gender U.S. Citizen?                                |  |  |
|                                                                                                                                                                                                        |                               |                                      |                                      | M Yes                                                    |  |  |
| 11. Have you ever been married?                                                                                                                                                                        | Yes No If ye                  | es, complete the remainin            | ng items in #11.                     | F No<br>X                                                |  |  |
| Full Name of Current Spouse or Most Recent Spouse (Last, First & Middle)       Date of Birth (mm/dd/yyyy)       Place of Birth                                                                         |                               |                                      |                                      |                                                          |  |  |
|                                                                                                                                                                                                        |                               |                                      |                                      |                                                          |  |  |
| U.S. Citizen? Date of Marriage<br>Yes No (mm/dd/yyyy)                                                                                                                                                  |                               | Have you ever been v                 | vidowed or divorced? Widow/E         | Divorce Date                                             |  |  |
| 12. Additional Contact Phone Numb                                                                                                                                                                      | er                            | 13. Occupatio                        | · ·                                  | Employer or School (if applicable)                       |  |  |
|                                                                                                                                                                                                        | Home Cel                      |                                      |                                      |                                                          |  |  |
|                                                                                                                                                                                                        |                               | ans (If no travel plans, plea        | ase write "none")                    |                                                          |  |  |
| 15. Height 16. Hair Color 17. Eye                                                                                                                                                                      | Color Departure Date          | e (mm/dd/yyyy) Return I              | Date (mm/dd/yyyy) Countries          | to be Visited                                            |  |  |
|                                                                                                                                                                                                        |                               |                                      |                                      |                                                          |  |  |
| <b>19. Permanent Address</b> (Complete if P.)<br>Street/RFD # or URB                                                                                                                                   | O. Box is listed under Mailir | ng Address <u>or</u> if residence is | different from Mailing Address. Do I | not list a P.O. Box)<br>Apartment/Unit                   |  |  |
| SILEEURFD # OF ORB                                                                                                                                                                                     |                               |                                      |                                      | , ipartmone on it                                        |  |  |
| City                                                                                                                                                                                                   |                               |                                      | S                                    | tate Zip Code                                            |  |  |
|                                                                                                                                                                                                        |                               | 7                                    |                                      |                                                          |  |  |
| 20 Your Emorgonou Contact (Provid                                                                                                                                                                      | a the information of a ne     | roop not rovaling with v             | au to be contracted in the event     | of on omorgonou )                                        |  |  |
| 20. Your Emergency Contact (Provide the information of a person not traveling with you to be contacted in the event of an emergency.)         Address: Street/RFD # or P.O. Box         Apartment/Unit |                               |                                      |                                      |                                                          |  |  |
|                                                                                                                                                                                                        | . <                           |                                      |                                      |                                                          |  |  |
| City                                                                                                                                                                                                   | State                         | Zip Code                             | Phone Number                         | Relationship                                             |  |  |
|                                                                                                                                                                                                        | N I                           |                                      |                                      |                                                          |  |  |
| 21. Have you ever applied for or been                                                                                                                                                                  |                               |                                      |                                      | s, complete the remaining items in #21.                  |  |  |
| Name as printed on your most recent <u>p</u>                                                                                                                                                           | assport book                  | Most recent pas                      | sport <u>book</u> number Most recer  | nt passport <u>book</u> issue date ( <i>mm/dd/yyyy</i> ) |  |  |
|                                                                                                                                                                                                        | •                             |                                      |                                      |                                                          |  |  |
| Status of your most recent passport bo                                                                                                                                                                 |                               |                                      | Lost In my possession                |                                                          |  |  |
| Name as printed on your most recent p                                                                                                                                                                  | assport card                  | Most recent pas                      | sport <u>card</u> number Most recer  | nt passport <u>card</u> issue date ( <i>mm/dd/yyyy</i> ) |  |  |
| Status of your most recent passport car                                                                                                                                                                | d: Submitting with a          | application Stolen                   | Lost In my possession                | (if expired)                                             |  |  |
|                                                                                                                                                                                                        | -                             |                                      | NE - FOR ISSUIN                      |                                                          |  |  |
|                                                                                                                                                                                                        |                               |                                      |                                      |                                                          |  |  |
| Name as it appears on citizenship evidence                                                                                                                                                             |                               |                                      |                                      |                                                          |  |  |
| Birth Certificate SR CR City                                                                                                                                                                           | Filed:                        | Issued:                              | Sole Parent                          |                                                          |  |  |
| Nat. / Citz. Cert. USCIS USDC Date/P                                                                                                                                                                   | lace Acquired:                | A#                                   |                                      |                                                          |  |  |
| Report of Birth Filed/Place:                                                                                                                                                                           |                               |                                      |                                      |                                                          |  |  |
| Passport C/R S/R See #21 #/DOI:                                                                                                                                                                        |                               |                                      |                                      |                                                          |  |  |
| Other:                                                                                                                                                                                                 |                               |                                      |                                      |                                                          |  |  |
| Attached:                                                                                                                                                                                              |                               |                                      |                                      |                                                          |  |  |
|                                                                                                                                                                                                        |                               |                                      |                                      |                                                          |  |  |
| P/C of Citz P/C of ID DS-71 DS                                                                                                                                                                         | -3053 🛄 DS-64 🛄 DS-5          | 520 DS-5525 PAW                      |                                      | DS 11 C 03 2022 2                                        |  |  |

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