

**SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE IDENTITY
FOR A U.S. PASSPORT***Please Print Legibly Using Black Ink Only***PLEASE DO NOT USE THIS FORM UNLESS THE DEPARTMENT OF STATE ASKS YOU TO USE IT.****USE OF THIS FORM**

This form is completed by the applicant only when specifically requested by a passport agency/center when sufficient evidence of identification is needed to process your application for a U.S. passport. The applicant has the option to complete the hardcopy form enclosed with the letter from the passport agency/center or complete a fillable PDF version of the form available from a link as provided in the written request. **Please Note: You must print out the form and submit a hardcopy through the mail to the passport agency/center. You may not submit this form electronically.** In addition to completing this form, you may be asked to provide further documentary evidence to support your identity claim. Documentary evidence should contain your full name/photograph (with issue date) or full name/signature (with issue date). For more information on proof of identity, please refer to Instruction page 1 of the DS-11, Application for a U.S. Passport, or visit travel.state.gov/identification.

IMPORTANT

1. **All questions must be answered to the best of your knowledge.** The more information you are able to provide, the faster we may be able to process your U.S. passport application. For example, if you are unsure of an exact address, please provide the street, city, and state if you can recall them. The Department of State will consider all the information derived from the form in its entirety.
2. Please submit the information and/or documentation requested with this supplemental questionnaire to the requesting passport agency/center.
3. If you are unable to provide primary evidence of U.S. citizenship, such as a previously-issued U.S. passport or a certified birth certificate, please submit secondary evidence. For lists of primary and secondary evidence of U.S. citizenship, go to travel.state.gov/citizenship.
4. **If you don't know the answer to a question, please write "I don't know." If you believe a particular question does not apply to you or your circumstances, please write "Not Applicable" or "N/A."** The Department realizes that most information for this questionnaire may be difficult to obtain and will likely come from other sources. The Department will take these factors into account in the passport issuance process.
5. If you need more space to respond to a question, please write the rest of your responses on a separate piece of paper.

FOR INFORMATION AND/OR QUESTIONS

For passport and travel information, please visit travel.state.gov. In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD/TTY 1-888-874-7793) or by email at NPIC@state.gov.

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.**

PRIVACY ACT STATEMENT

AUTHORITIES: Collection of this information is authorized by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 22 U.S.C. 2714a(f); 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

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

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. More information on the routine uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and 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 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 a penalty enforced by the Internal Revenue Service, as described in the Warning section of the instructions to this form. Your social security number will be provided to the Department of the Treasury and may be used in connection with debt collection, among other purposes authorized and generally described in this section.

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

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1. Full Name:	First	Middle	Last
2. Date of Birth: (mm-dd-yyyy)	-	-	3. Social Security Number:
4. Place of Birth:	U.S. City & State or City & Country		

Section B: Family (Living and Deceased)*(Fill in as much information as possible. Attach a separate sheet, if needed.)*

Relationship	Full Name (Include maiden name, if applicable)	Place of Birth (U.S. City & State or City & Country)	Date of Birth (mm-dd-yyyy)	Current Address
Brother	Joe Smith Keaton	Anytown, Anystate, USA	12-25-1980	123 Elm St Anytown, Anystate USA
1. Parent(s)	1.			
	2.			
2. Stepparent(s)	1.			
	2.			
3. Sister(s)/ Brother(s)	1.			
	2.			
	3.			
	4.			
4. Spouse	1.			

Section C: Employment*(Fill in as much information as possible. Attach a separate sheet, if needed.)***1. Please list your places of employment (if applicable) starting with your last three. If self-employed or a contractor working remotely, provide your home addresses. If active duty military, provide 4 most recent duty stations.**

Company Name & Address	Job Title	City & State	Country	Time Employed
ABC Industries/1001 West Elm Drive	Writer	Anytown, Anystate	USA	2004-2008

Section D: Schools*(Fill in as much information as possible. Attach a separate sheet, if needed.)***1. Please list all schools that you attended inside and outside of the United States.**

Name of School	City	State	Country	Dates of Attendance
Washington Elementary	Anytown	Anystate	USA	08-1990 to 06-1994

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Street	City	State	Zip Code	Country	Time of Residence
123 First St.	Anytown	Anystate	11011	USA	03-1990 to 06-2002

Section F: Signature**I declare under penalty of perjury that all statements made in this document are true and correct to the best of my knowledge.**

Signature

Date