

## **Request to Use Microsoft Forms to Populate Form DS-3072**

CA/OCS/ACS is seeking permission to use Microsoft (MS) Forms to populate the OMB approved form DS-3072. This is a non-substantive change request. The questions from the DS-3072 are directly duplicated into the MS Form to make it electronically available to applicants. There are no new or additional questions added into the MS Form.

The MS form will be utilized by loan applicants to more efficiently submit their information for a repatriation or EMDA loan application to U.S. posts abroad. Posts will utilize the MS Forms tool to auto populate the form DS-3072 to prepare the form prior to the applicant's arrival at the U.S. Consulate or Embassy, thereby streamlining the application review and approval process.

**Process Map**  
**Repatriation / Emergency Medical and Dietary Assistance Loan Application**

1. Applicant completes MS Form



## Repatriation / Emergency Medical and Dietary Assistance Loan Application

Please fill out the following form to complete your application for a Repatriation / Emergency Medical and Dietary Assistance Loan. Additional information about this form:

This form is composed of questions from the DS-3072 (OMB approval number 1405-0150): <https://eforms.state.gov/Forms/ds3072.PDF>

Please ensure that you review the Promissory Note and Repayment Agreement and the Privacy Act and Paperwork Reduction Act Statement located on the DS-3072.

\* Required

### Part 1 - Adult Applicant

Application to be completed by each adult applicant regardless of nationality.

1. Last Name \*

DS-3072 #1

2. First Name \*

DS-3072 #2

3. Middle Name

DS-3072 #3

4. Social Security Number

DS-3072 #4

Repatration / Emergency Medical

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https://forms.office.com/Pages/DesignPageV2.aspx?subpage=design&token=ace2f0a303bf4264bb5b2eee51d7e9a5&id=dFDPZv5a0UimkaErISH0S\_vKCEuf\_kRkKt55Dw...

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← Back

Computer Mobile

Back



## Repatration / Emergency Medical and Dietary Assistance Loan Application

Please fill out the following form to complete your application for a Repatriation / Emergency Medical and Dietary Assistance Loan. Additional information about this form:

This form is composed of questions from the DS-3072 (OMB approval number 1405-0150): <https://efrms.state.gov/Forms/ds3072.PDF>

Please ensure that you review the Promissory Note and Repayment Agreement and the Privacy Act and Paperwork Reduction Act Statement located on the DS-3072.

\* Required

### Part 1 - Adult Applicant

Application to be completed by each adult applicant regardless of nationality.

1. Last Name \*

DS-3072 #1

Enter your answer

2. First Name \*

DS-3072 #2

Enter your answer

3. Middle Name

DS-3072 #3

Enter your answer

4. Social Security Number

DS-3072 #4

Enter your answer

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5. Date of Birth \*

DS-3072 #5

Please input date (M/d/yyyy)

6. Place of Birth \*

DS-3072 #6

Enter your answer

7. Identity document \*

DS-3072 #7

☐ Passport

☐ National ID

8. Identity Document Issuing Country \*

DS-3072 #7

Enter your answer

9. Identity document ID number \*

DS-3072 #7

Enter your answer

Repatration / Emergency Medical

← Back

Computer Mobile

10. Sex \*

DS-3072 #8

☐ Male

☐ Female

11. Current lodging where you may be contacted now. \*

DS-3072 #9

Enter your answer

12. Phone number where you may be contacted now. \*

DS-3072 #10

Enter your answer

13. Email address of where you may be contacted now. \*

DS-3072 #11

Enter your answer

14. Medical condition, current injuries, or limited mobility relevant to evacuation.

DS-3072 #12

Enter your answer

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← Back

Computer Mobile

 Repatriation / Emergency Medical and Dietary Assistance Loan Application

\* Required

**Verifiable billing address at final destination in United States or other permanent address**  
(Not a post office box) DS-3072 #13

15. Address line 1 \*

DS-3072 #14

Enter your answer

16. Address line 2

DS-3072 #15

Enter your answer

17. City \*

DS-3072 #16

Enter your answer

18. State/Province \*

DS-3072 #17

Enter your answer

19. Country \*

DS-3072 #18

Enter your answer

Repatration / Emergency Medical

← Back

Computer Mobile

Enter your answer

20. Postal Code \*  
DS-3072 #19

Enter your answer

21. Telephone number (Include country/city codes) \*  
DS-3072 #20

Enter your answer

22. Email address \*  
DS-3072 #21

Enter your answer


23. Do you require cash subsistence for your travel? \*

☐ Yes

☐ No

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← Back

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 Repatriation / Emergency Medical and Dietary Assistance Loan Application

\* Required

Emergency Contact *(Do not list someone traveling with you)*

DS-3072 #22

24. Last Name \*

DS-3072 #23

Enter your answer

25. First Name \*

DS-3072 #24

Enter your answer

26. Address

DS-3072 #25 & 26

Enter your answer

27. City

DS-3072 #27

Enter your answer

28. State/Province

DS-3072 #28

Enter your answer

Repatration / Emergency Medical

← Back

Computer Mobile

29. Country

DS-3072 #29

Enter your answer

30. Postal code

DS-3072 #30

Enter your answer

31. Phone number (Include Country/City Codes)

DS-3072 #31

Enter your answer

32. Email Address

DS-3072 #32

Enter your answer

33. Relationship to you \*

DS-3072 #33

☐ Spouse

☐ Parent

☐ Child

☐ Family member

☐ Friend

☐ Other

Back

Next


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Back

Computer

Mobile

 Repatriation / Emergency Medical and Dietary Assistance Loan Application

Children

D5-3072 #34


34. Are you including any minor children or incapacitated/incompetent adults?

☐ Yes

☐ No

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 Repatriation / Emergency Medical and Dietary Assistance Loan Application

### Children continued - 1

If including any minor children or incapacitated/incompetent adults, please list below.

35. Last name - child 1

DS-3072 #35

Enter your answer

36. First name - child 1

DS-3072 #36

Enter your answer

37. Middle name - child 1

DS-3072 #37

Enter your answer


38. Social Security Number - child 1

DS-3072 #38

Enter your answer

39. Date of birth - child 1

DS-3072 #39

Please input date (M/d/yyyy)

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40. Place of birth - child 1

DS-3072 #40

Enter your answer

41. Identity document - child 1

DS-3072 #41

☐ Passport

☐ National ID

42. Identity Document Issuing Country - child 1

DS-3072 #41

Enter your answer

43. Identity document number - child 1

DS-3072 #41

Enter your answer

44. Sex - child 1

DS-3072 #42

☐ Male

☐ Female

45. Child 1 - This person is my:

DS-3072 #43

Enter your answer

46. Do you have other children or incapacitated/incompetent adults to list?

☐ Yes

☐ No

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 Repatriation / Emergency Medical and Dietary Assistance Loan Application

### Children continued - 2

If including any minor children or incapacitated/incompetent adults, please list below.

47. Last name - child 2

DS-3072 #44

Enter your answer

48. First name - child 2

DS-3072 #45

Enter your answer

49. Middle name - child 2

DS-3072 #46

Enter your answer


50. Social Security Number - child 2

DS-3072 #47

Enter your answer

51. Date of birth - child 2

DS-3072 #48

Please input date (M/d/yyyy)

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52. Place of birth - child 2

DS-3072 #49

Enter your answer

53. Identity document - child 2

DS-3072 #50

☐ Passport

☐ National ID

54. Identity Document Issuing Country - child 2

DS-3072 #50

Enter your answer

55. Identity document number - child 2

DS-3072 #50

Enter your answer

56. Sex - child 2

DS-3072 #51

☐ Male

☐ Female

57. Child 2 - This person is my:

DS-3072 #52

Enter your answer

58. Do you have other children or incapacitated/incompetent adults to list?

☐ Yes

☐ No

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BackComputerMobile

 Repatriation / Emergency Medical and Dietary Assistance Loan Application

### Children continued - 3

If including any minor children or incapacitated/incompetent adults, please list below.

59. Last name - child 3

DS-3072 #53

Enter your answer

60. First name - child 3

DS-3072 #54

Enter your answer

61. Middle name - child 3

DS-3072 #55

Enter your answer


62. Social Security Number - child 3

DS-3072 #56

Enter your answer

63. Date of birth - child 3

DS-3072 #57

Please input date (M/d/yyyy)

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64. Place of birth - child 3

DS-3072 #58

Enter your answer

65. Identity document - child 3

DS-3072 #59

☐ Passport

☐ National ID

66. Identity Document Issuing Country - child 3

DS-3072 #59

Enter your answer

67. Identity document number - child 3

DS-3072 #59

Enter your answer

68. Sex - child 3

DS-3072 #60

☐ Male

☐ Female

69. Child 3 - This person is my:

DS-3072 #61

Enter your answer

70. Do you have other children or incapacitated/incompetent adults to list?

☐ Yes

☐ No

Back

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 Repatriation / Emergency Medical and Dietary Assistance Loan Application

### Children continued - 4

If including any minor children or incapacitated/incompetent adults, please list below.

71. Last name - child 4

DS-3072 #62

Enter your answer

72. First name - child 4

DS-3072 #63

Enter your answer

73. Middle name - child 4

DS-3072 #64

Enter your answer

74. Social Security Number - child 4

DS-3072 #65

Enter your answer

75. Date of birth - child 4

DS-3072 #66

Please input date (M/d/yyyy)

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BackComputerMobile

76. Place of birth - child 4

DS-3072 #67

Enter your answer

77. Identity document - child 4

DS-3072 #68

☐ Passport

☐ National ID

78. Identity Document Issuing Country - child 4

DS-3072 #68

Enter your answer

79. Identity document number - child 4

DS-3072 #68

Enter your answer

80. Sex - child 4

DS-3072 #69

☐ Male

☐ Female

81. Child 4 - This person is my:

DS-3072 #70

Enter your answer

82. Do you have other children or incapacitated/incompetent adults to list?

☐ Yes

☐ No

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BackComputerMobile

 Repatriation / Emergency Medical and Dietary Assistance Loan Application

### Children continued - 5

If including any minor children or incapacitated/incompetent adults, please list below.

83. Last name - child 5

DS-3072 #71

Enter your answer

84. First name - child 5

DS-3072 #72

Enter your answer

85. Middle name - child 5

DS-3072 #73

Enter your answer


86. Social Security Number - child 5

DS-3072 #74

Enter your answer

87. Date of birth - child 5

DS-3072 #75

Please input date (M/d/yyyy)

Repatration / Emergency Medical

← Back

Computer Mobile

88. Place of birth - child 5

DS-3072 #76

Enter your answer

89. Identity document - child 5

DS-3072 #77

☐ Passport

☐ National ID

90. Identity Document Issuing Country - child 5

DS-3072 #77

Enter your answer

91. Identity document number - child 5

DS-3072 #77

Enter your answer

92. Sex - child 5

DS-3072 #78

☐ Male

☐ Female

93. Child 5 - This person is my:

DS-3072 #79

Enter your answer

94. Do you have other children or incapacitated/incompetent adults to list?

- ☐ Yes
- ☐ No

Back

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 Repatriation / Emergency Medical and Dietary Assistance Loan Application

### Children continued - 6

If including any minor children or incapacitated/incompetent adults, please list below.

95. Last name - child 6

DS-3072 #80

Enter your answer

96. First name - child 6

DS-3072 #81

Enter your answer

97. Middle name - child 6

DS-3072 #82

Enter your answer


98. Social Security Number - child 6

DS-3072 #83

Enter your answer

99. Date of birth - child 6

DS-3072 #84

Please input date (M/d/yyyy)

Repatration / Emergency Medical

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100. Place of birth - child 6

DS-3072 #85

Enter your answer

101. Identity document - child 6

DS-3072 #86

☐ Passport

☐ National ID

102. Identity Document Issuing Country - child 6

DS-3072 #86

Enter your answer

103. Identity document number - child 6

DS-3072 #86

Enter your answer

104. Sex - child 6

DS-3072 #87

☐ Male

☐ Female

105. Child 6 - This person is my:

DS-3072 #88

Enter your answer

Back

Submit


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## 2. Power Automate pulls data from MS Form to MS Excel



## Reparation / Emergency Medical and Dietary Assistance Loan Application

Please fill out the following form to complete your application for a Reparation / Emergency Medical and Dietary Assistance Loan. Additional information about this form:

This form is comprised of questions from the DS-8372 (DSMR) external number: 1405-41101. <https://ds.cas.state.md.us/Form/DS8372/2002>

Please ensure that you review the Promissory Note and Employment Agreement and the Privacy Act and Aggregate Resolution Act Settlement located on the DS-101-02.

Section 1

### Part 1 - Adult Applicant

Applicant is to be completed by each adult applicant regardless of nationality.

1. Last Name \*

Enter your answer

2. First Name \*

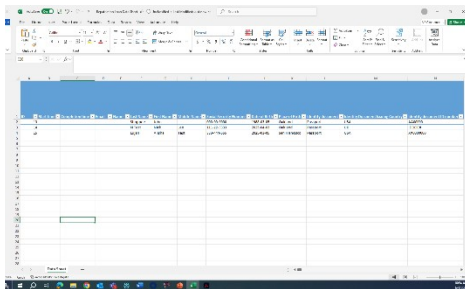
Enter your answer


3. Middle Name

Enter your answer

[illegible]

### 3. MS Mail Merge pulls data from MS Excel to Repat package




 U.S. Department of State

OMB Approval Number: 1405-0150  
Expiration Date: 06-30-2027  
Estimated Burden: 20 Minutes

## REPATRIATION / EMERGENCY MEDICAL AND DIETARY ASSISTANCE LOAN APPLICATION

**PART 1 - APPLICATION TO BE COMPLETED BY EACH ADULT APPLICANT REGARDLESS OF NATIONALITY**

1. Last Name ( <i>Print Clearly</i> ) «Last_Name»		2. First Name «First_Name»		3. Middle Name «Middle_Name»	
4. Social Security Number «Social_Security_N	5. Date of Birth ( <i>mm-dd-yyyy</i> ) «Date_of_Birth»	6. Place of Birth «Place_of_Birth»	7. Identity Document Issuing «Identity_Docume		8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Passport No. OR <input type="checkbox"/> National ID No. «Identity_docume		
9. Current lodging where you may be contacted now. «Current_lodging_where_you_may_be_contact»					
10. Phone number where you may be contacted now. «Phone_number_where_you_may_be_cont			11. E-mail address where you may be contacted now. «Email_address_of_where_you_may_be_conta		
12. Medical condition, current injuries, or limited mobility relevant to evacuation. «Medical_condition_current_injuries_or_»					
13. Verifiable Billing Address at Final Destination in United States or other Permanent Address ( <i>Not a Post Office Box</i> )					
14. Address Line 1 «Address_line_1»					
15. Address Line 2 «Address_line_2»					
16. City «City»		17. State/Province «StateProvince»		18. Country «Country»	
19. Postal Code «Postal_Code»		20. Telephone Number ( <i>Include Country/City Codes</i> ) «Telephone_number»		21. E-mail Address «Email_address»	
22. Emergency Contact ( <i>Do not list someone traveling with you</i> )					
23. Last Name ( <i>Print Clearly</i> ) «Last_Name_e»			24. First Name «First_Name_e»		
25. Address Line 1 «Address_e»					
26. Address Line 2					
27. City «City_e»		28. State/Province «StateProvince_e»		29. Country «Country_e»	



U.S. Department of State  
REPATRIATION / EMERGENCY MEDICAL AND DIETARY ASSISTANCE LOAN APPLICATION  
PART 1 - APPLICATION TO BE COMPLETED BY EACH ADULT APPLICANT REGARDLESS OF NATIONALITY

1. Last Name (Print Clearly)	2. First Name	3. Middle Name
«Last_Name»	«First_Name»	«Middle_Name»
4. Social Security Number	5. Date of Birth (mm-dd-yyyy)	6. Place of Birth
«Social_Security_N»	«Date_of_Birth»	«Place_of_Birth»
7. Identity Document Issuing	8. Sex	
«Identity_Docume»	«Sex»	
9. Current lodging where you may be contacted now	10. Phone number where you may be contacted now	11. E-mail address where you may be contacted now
«Current_lodging_where_you_may_be_contacted»	«Phone_number_where_you_may_be_conta»	«Email_address_of_where_you_may_be_conta»
12. Medical condition, current injuries, or limited mobility relevant to evacuation	13. Verifiable Billing Address at Final Destination in United States or other Permanent Address (Not a Post Office Box)	
«Medical_condition_current_injuries_or_»	«Address_line_1»	
	«Address_line_2»	
14. Address Line 1	15. Address Line 2	16. City
«Address_line_1»	«Address_line_2»	«City»
17. State/Province	18. Country	19. Postal Code
«StateProvince»	«Country»	«Postal_Code»
20. Telephone Number (Include Country/City Codes)	21. E-mail Address	22. Emergency Contact (Do not list someone traveling with you)
«Telephone_number»	«Email_address»	«Emergency_contact»
23. Last Name (Print Clearly)	24. First Name	25. Address Line 1
«Last_Name»	«First_Name»	«Address_line_1»
26. Address Line 2	27. City	28. State/Province
«Address_line_2»	«City»	«StateProvince»
	29. Country	
	«Country»	



U.S. Department of State  
REPATRIATION / EMERGENCY MEDICAL AND DIETARY ASSISTANCE LOAN APPLICATION  
PART 1 - APPLICATION TO BE COMPLETED BY EACH ADULT APPLICANT REGARDLESS OF NATIONALITY

1. Last Name (Print Clearly)	2. First Name	3. Middle Name
N Test	Nick	Lee
4. Social Security Number	5. Date of Birth (mm-dd-yyyy)	6. Place of Birth
111-22-3333	2025-04-03	Oakland
7. Identity Document Issuing	8. Sex	
UK	<input type="checkbox"/> Male	
<input checked="" type="checkbox"/> Passport No.	<input checked="" type="checkbox"/> Female	
OR		
<input type="checkbox"/> National ID No.	IDDOC#	
9. Current lodging where you may be contacted now		
US Consulate		
10. Phone number where you may be contacted now		11. E-mail address where you may be contacted now
510-566-0363		parkernl@state.gov
12. Medical condition, current injuries, or limited mobility relevant to evacuation		
None		
13. Verifiable Billing Address at Final Destination in United States or other Permanent Address (Not a Post Office Box)		
14. Address Line 1		
US Consulate st kilda		
15. Address Line 2		
16. City	17. State/Province	18. Country
Melbourne	CA	USA
19. Postal Code	20. Telephone Number (Include Country/City Codes)	21. E-mail Address
3000	222-333-0363	parkernl@state.gov
22. Emergency Contact (Do not list someone traveling with you)		
23. Last Name (Print Clearly)		24. First Name
Test emergency		test e name
25. Address Line 1		
e address		
26. Address Line 2		
27. City	28. State/Province	29. Country
e citv	e state	e usa

Accessibility: Investigate