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

Enter your answer

2. First Name *
DS-3072 #2

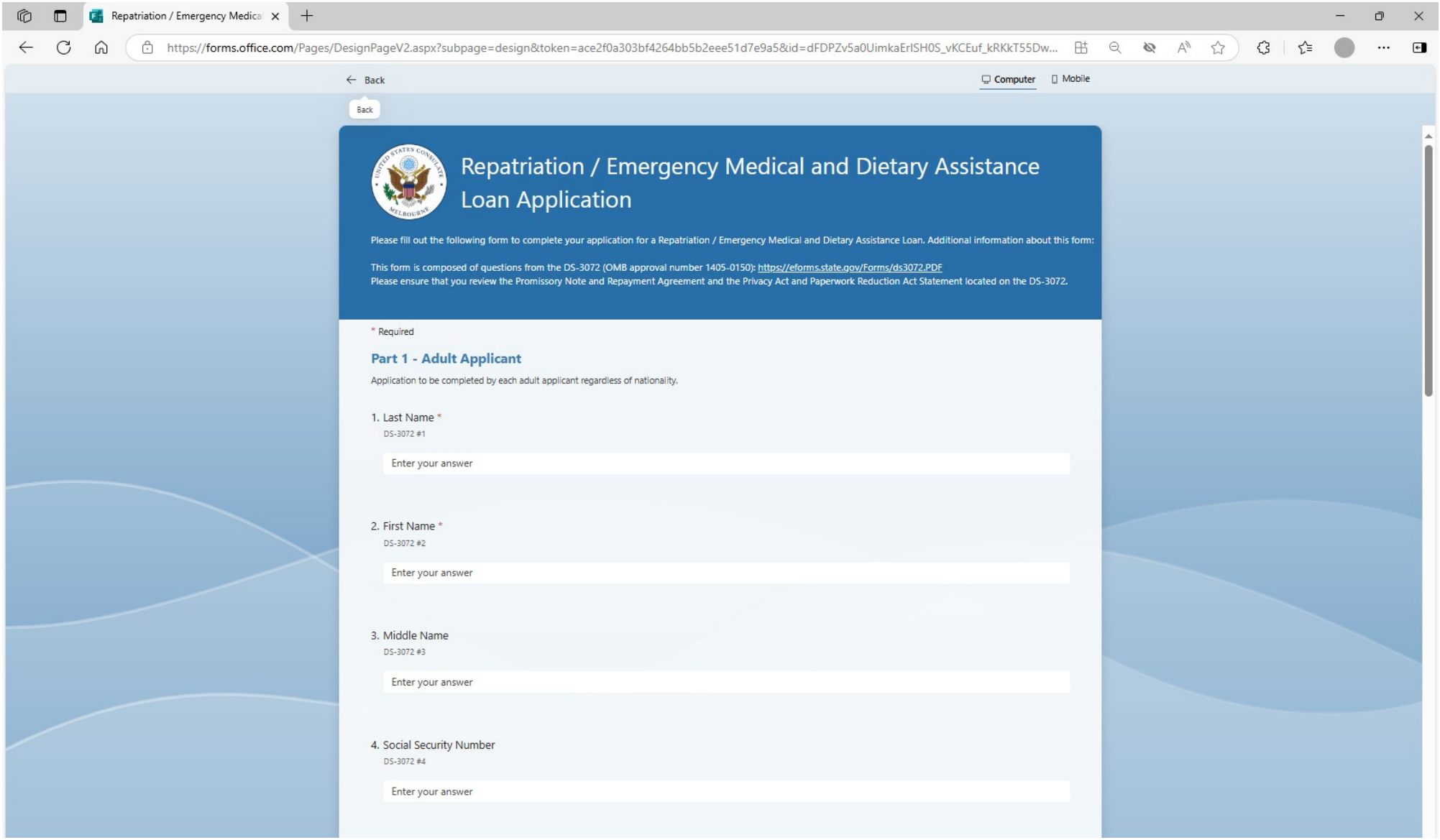
Enter your answer

3. Middle Name
DS-3072 #3

Enter your answer

4. Social Security Number
DS-3072 #4

Enter your answer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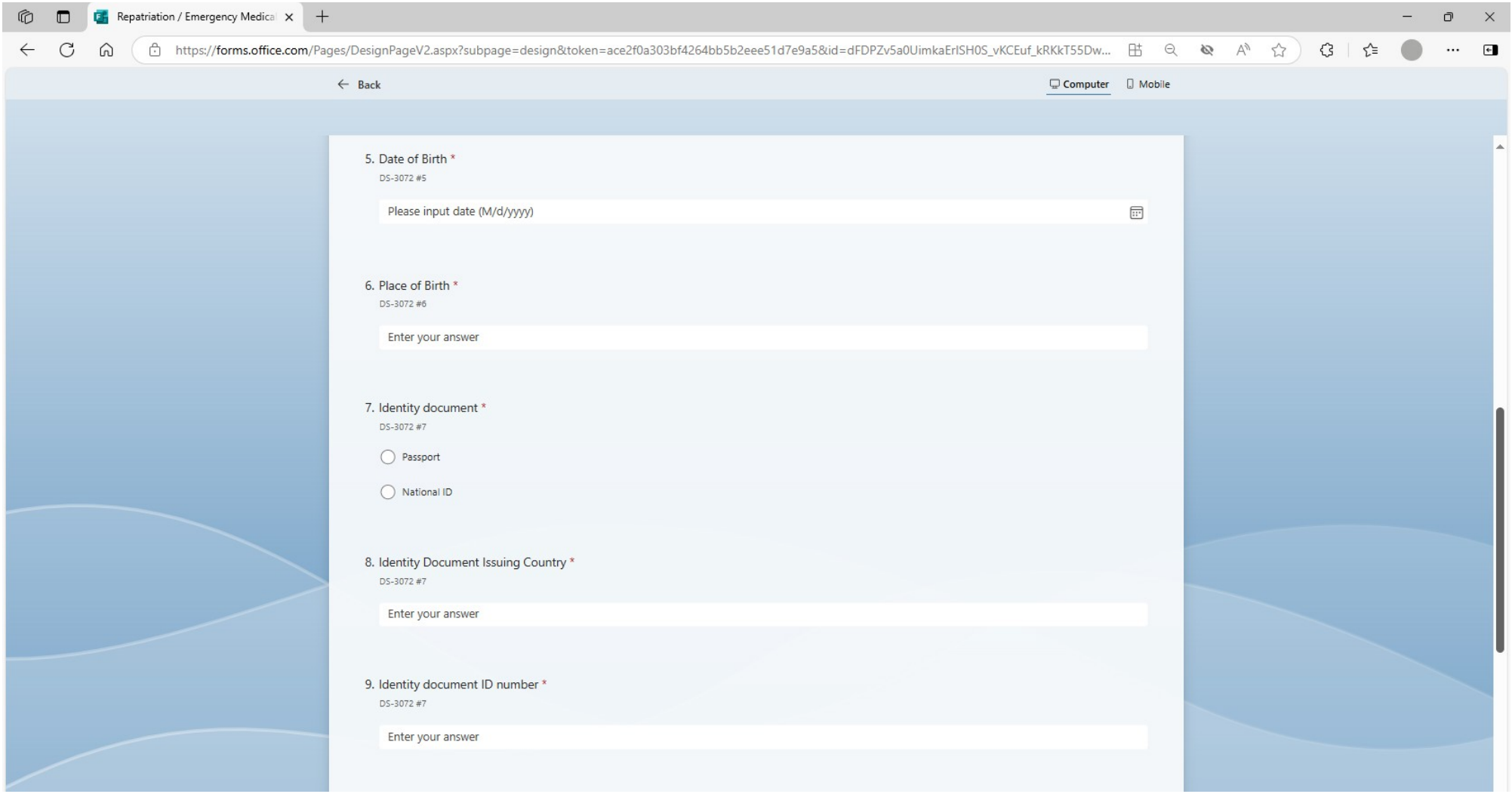
Back
Back
Computer
Mobile
Repatriation / Emergency Medical and Dietary Assistance Loan Application
Please fill out the following form to complete your application for a Repatriation / Emergency Medical and Dietary Assistance Loan. Additional information about this form:
This form is composed of questions 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
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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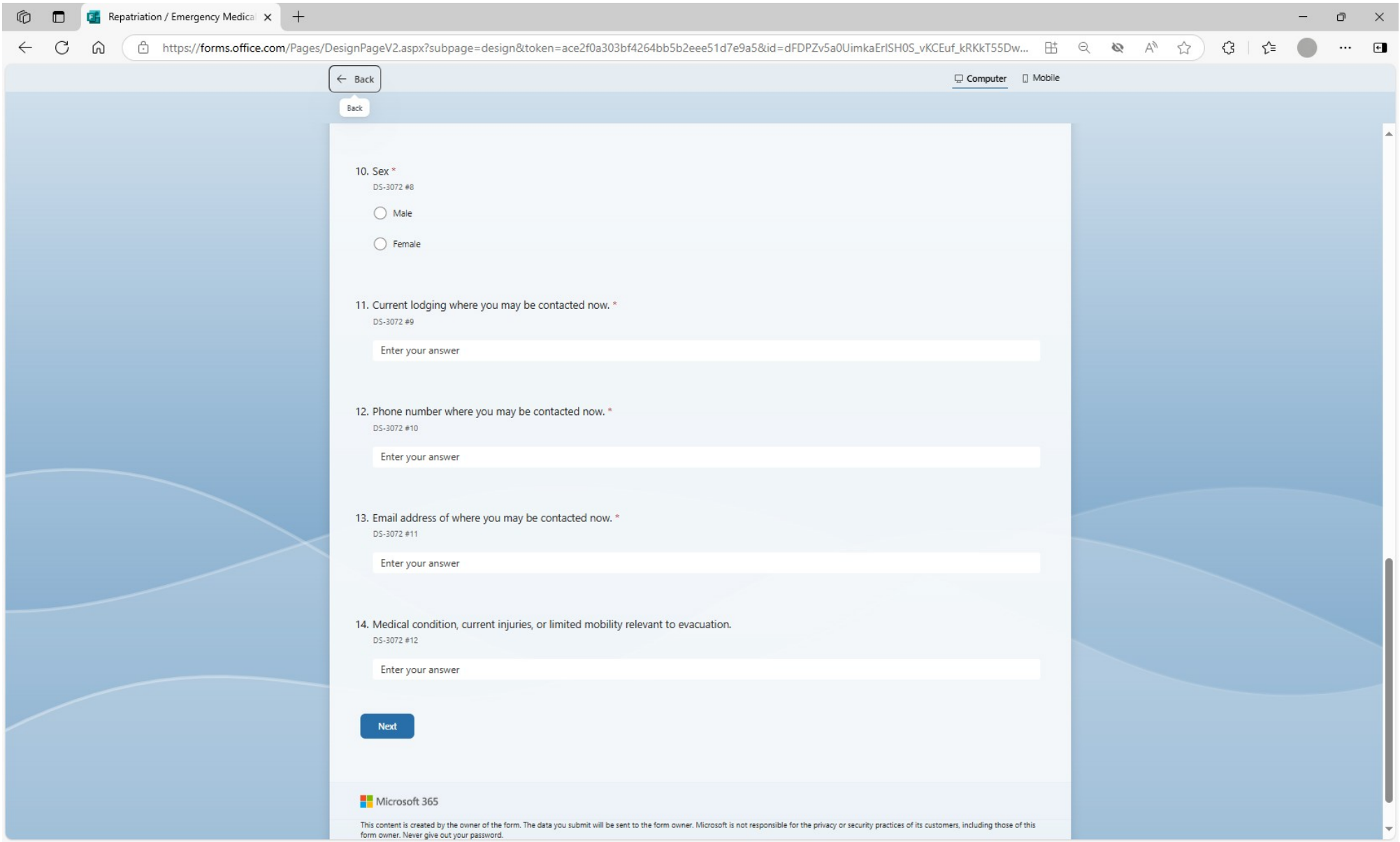
Back
Computer
Mobile
5. Date of Birth *
DS-3072 #5
Please input date (M/d/yyyy)
6. Place of Birth *
DS-3072 #6
Enter your answer
7. Identity document *
DS-3072 #7
Passport
National ID
8. Identity Document Issuing Country *
DS-3072 #7
Enter your answer
9. Identity document ID number *
DS-3072 #7
Enter your answer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Back
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
Next
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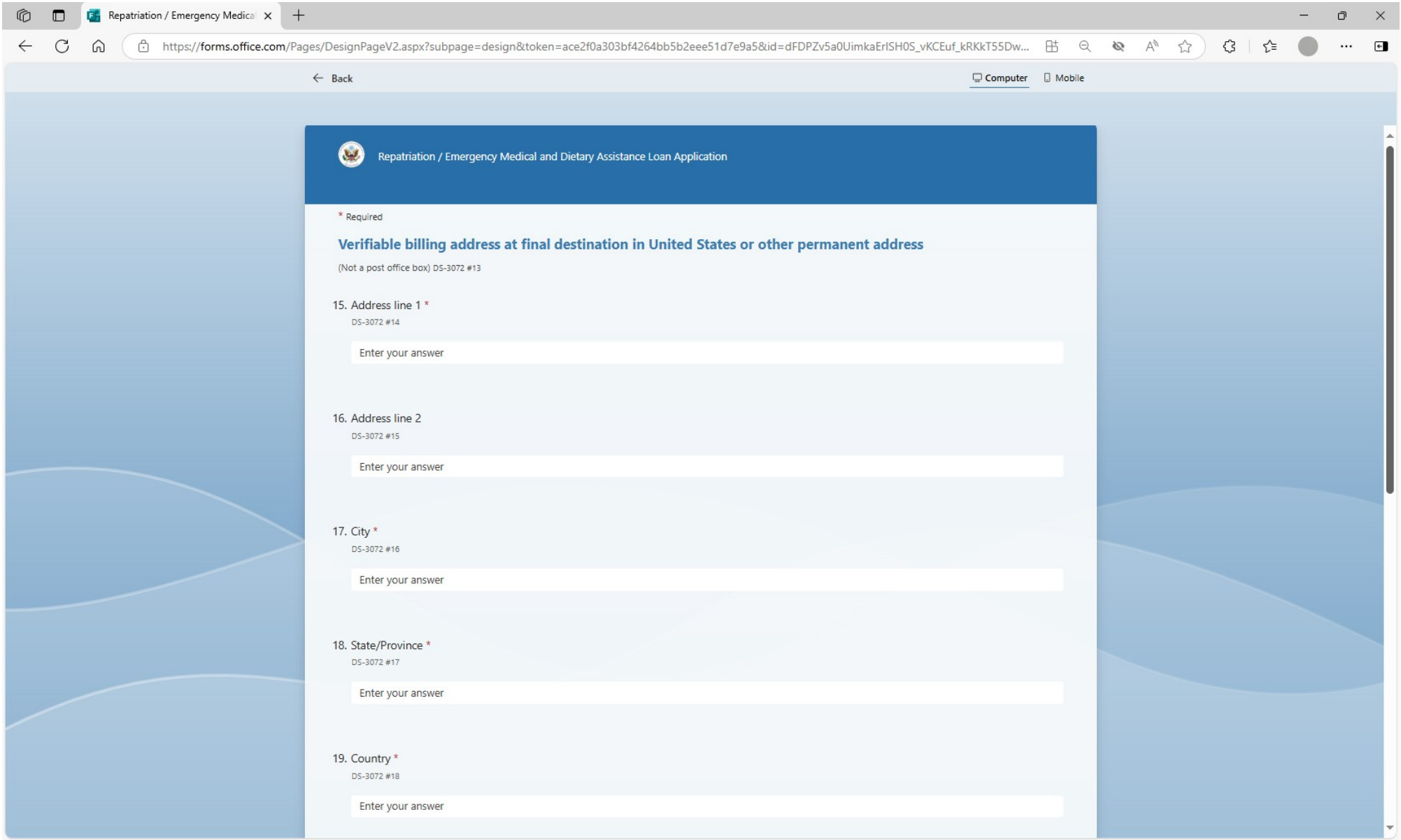
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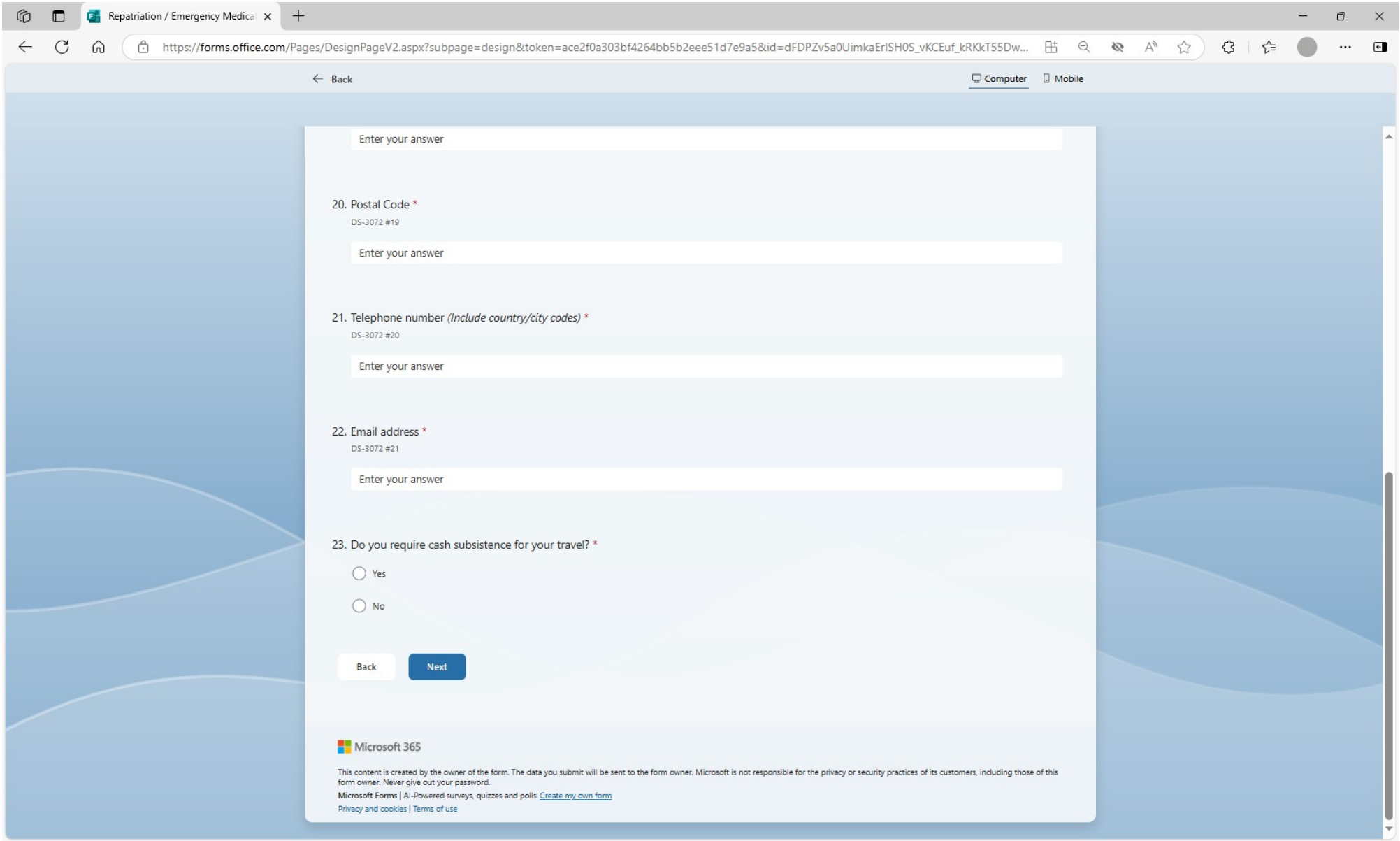
Back
Computer
Mobile
Repatriation / Emergency Medical and Dietary Assistance Loan Application
* Required
Verifiable billing address at final destination in United States or other permanent address
(Not a post office box) DS-3072 #13
15. Address line 1 *
DS-3072 #14
Enter your answer
16. Address line 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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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
Back
Next
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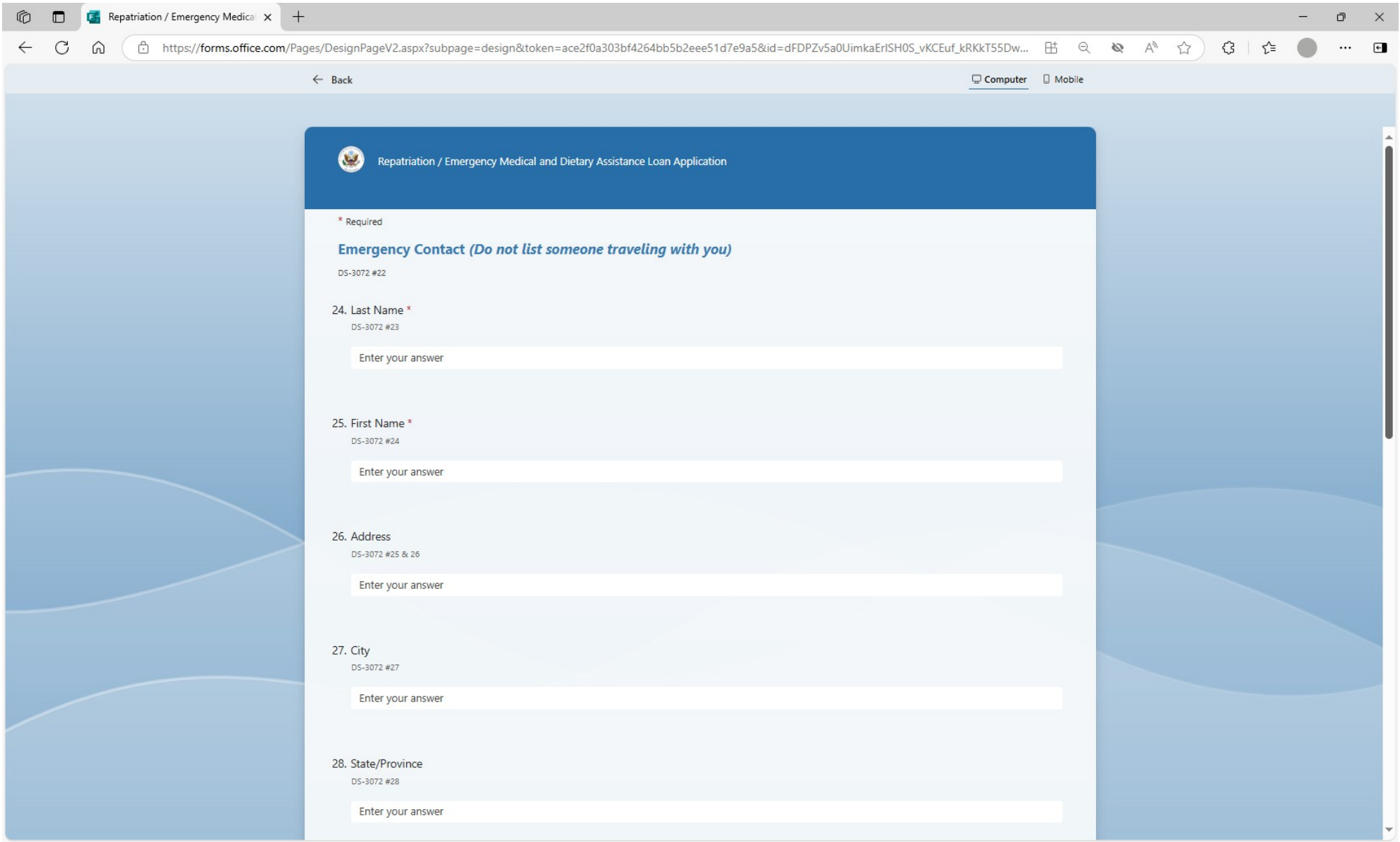
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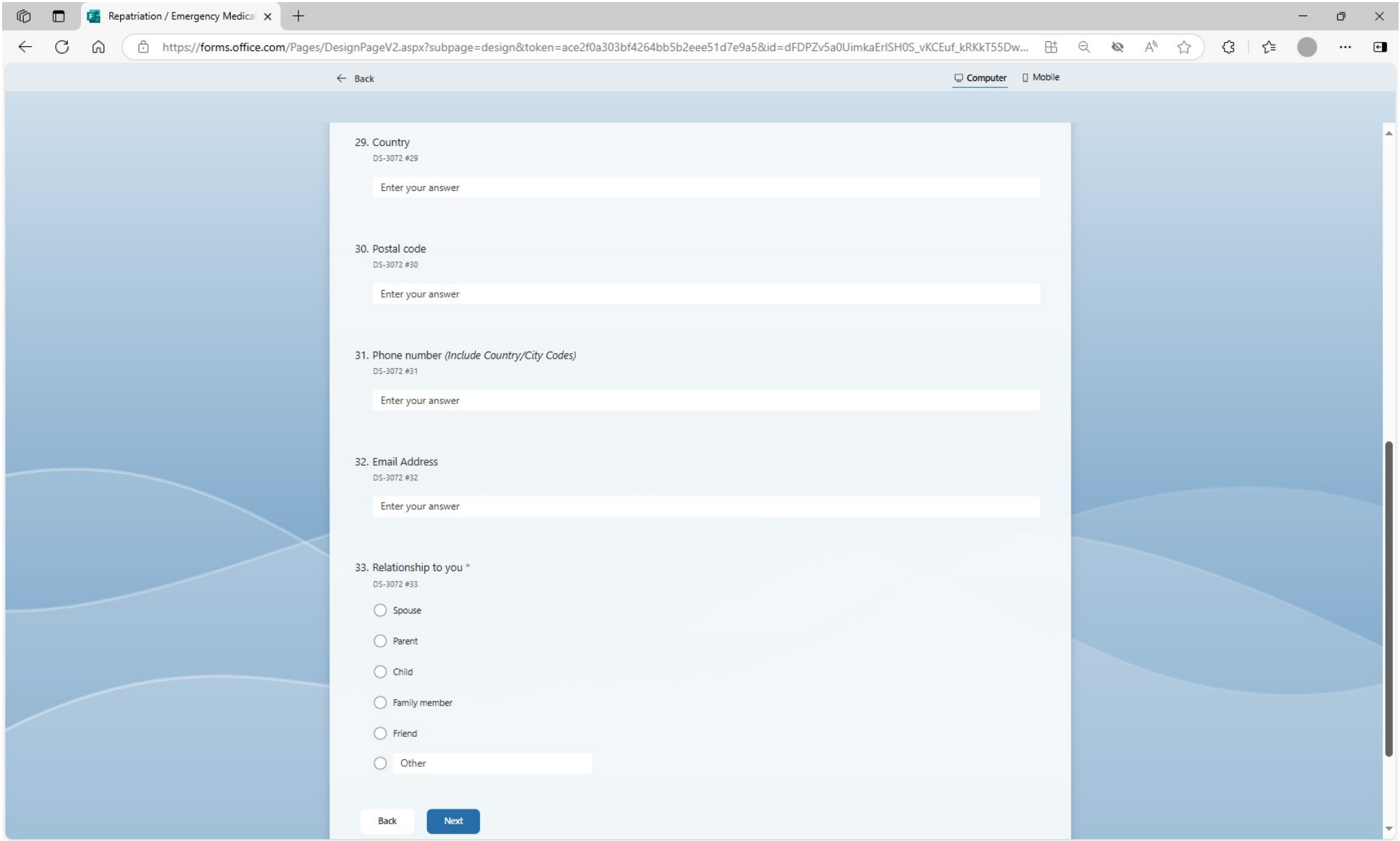
Back
Computer
Mobile
Repatriation / Emergency Medical and Dietary Assistance Loan Application
* Required
Emergency Contact (Do not list someone traveling with you)
DS-3072 #22
24. Last Name *
DS-3072 #23
Enter your answer
25. First Name *
DS-3072 #24
Enter your answer
26. Address
DS-3072 #25 & 26
Enter your answer
27. City
DS-3072 #27
Enter your answer
28. State/Province
DS-3072 #28
Enter your answer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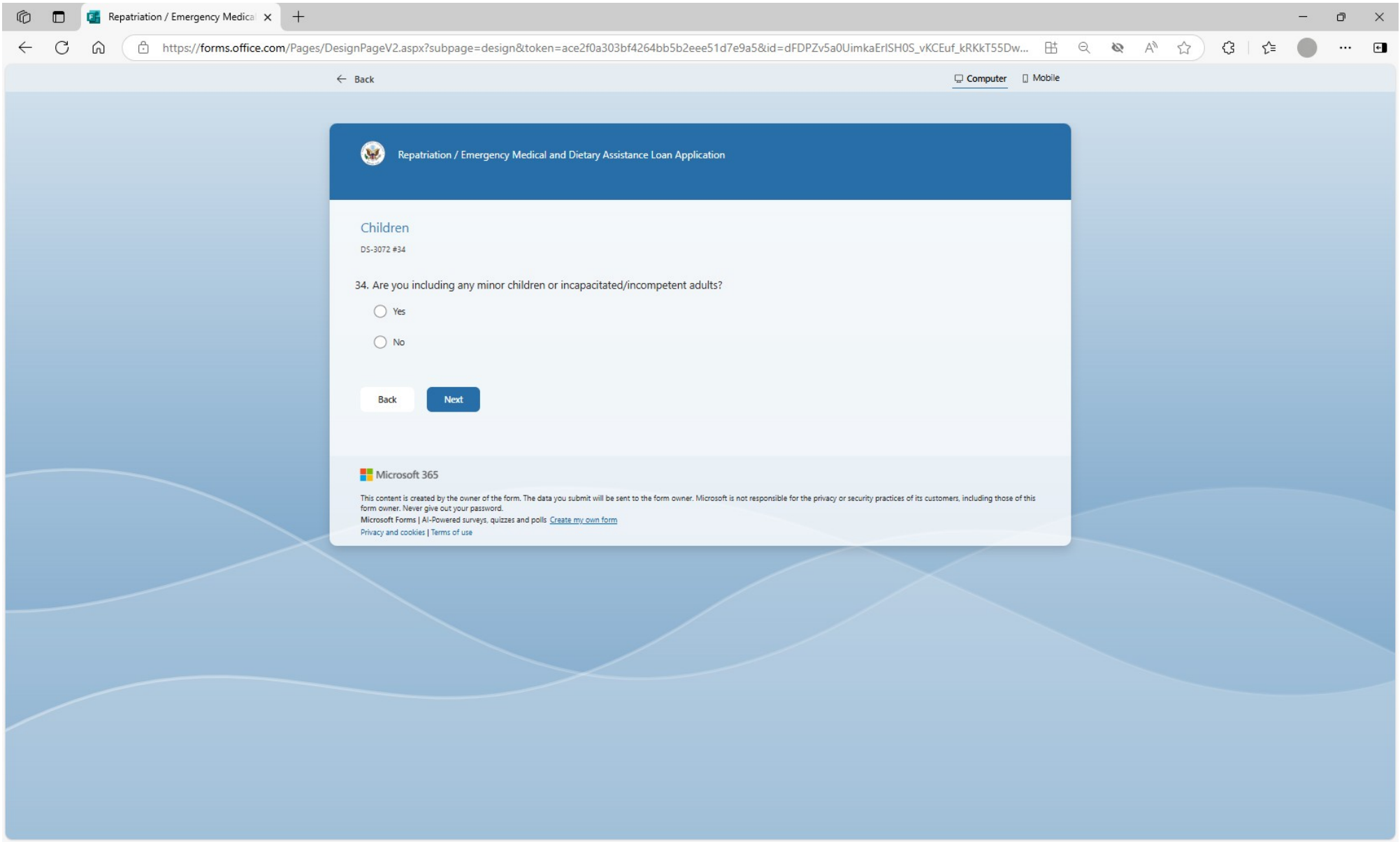
Back
Computer
Mobile
29. Country
DS-3072 #29
Enter your answer
30. Postal code
DS-3072 #30
Enter your answer
31. Phone number (Include Country/City Codes)
DS-3072 #31
Enter your answer
32. Email Address
DS-3072 #32
Enter your answer
33. Relationship to you *
DS-3072 #33
Spouse
Parent
Child
Family member
Friend
Other
Back
Next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Back
Computer
Mobile
Repatriation / Emergency Medical and Dietary Assistance Loan Application
Children
DS-3072 #34
34. Are you including any minor children or incapacitated/incompetent adults?
Yes
No
Back
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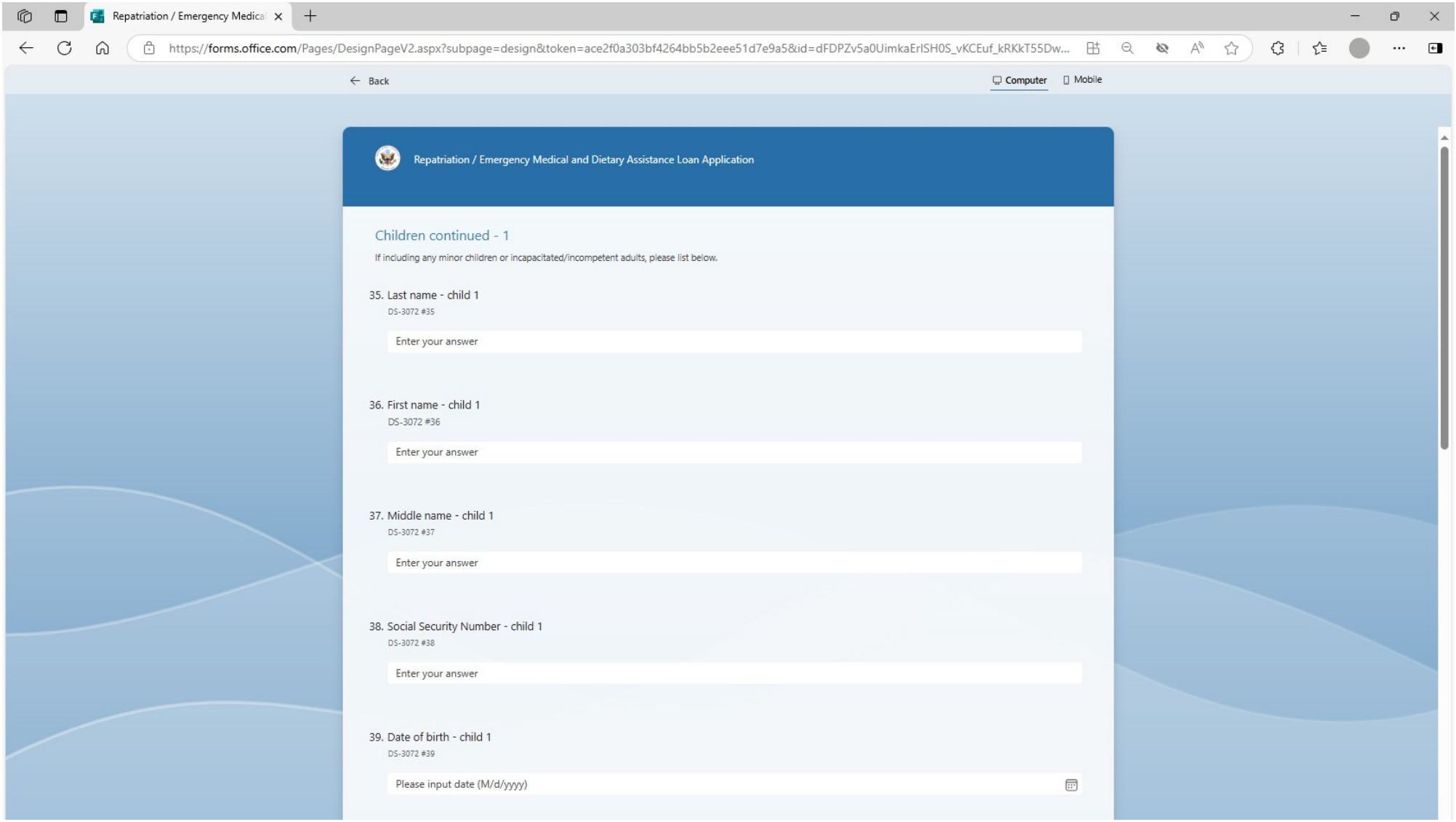
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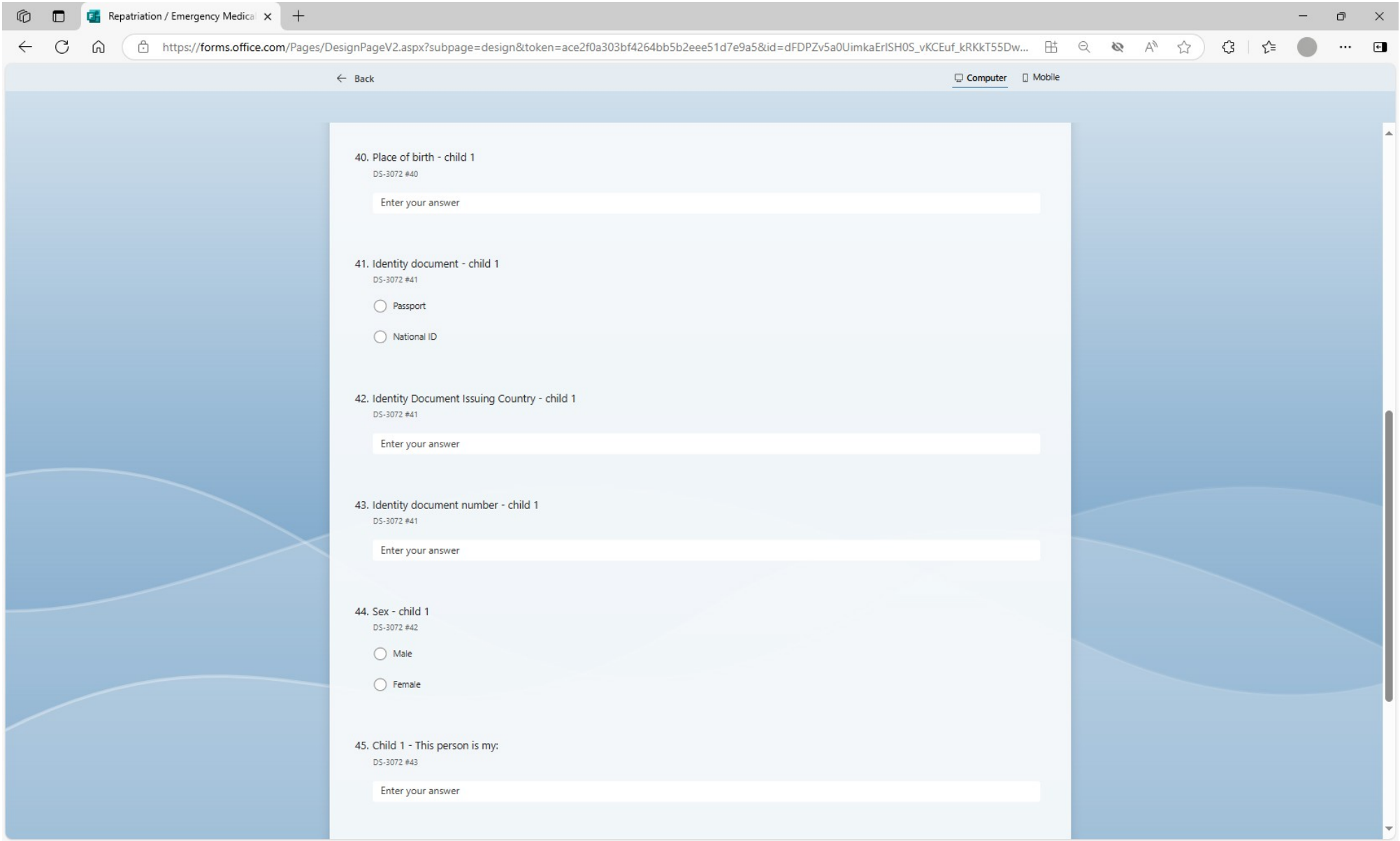
Back
Computer
Mobile
Repatriation / Emergency Medical and Dietary Assistance Loan Application
Children continued - 1
If including any minor children or incapacitated/incompetent adults, please list below.
35. Last name - child 1
DS-3072 #35
Enter your answer
36. First name - child 1
DS-3072 #36
Enter 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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Back
Computer
Mobile
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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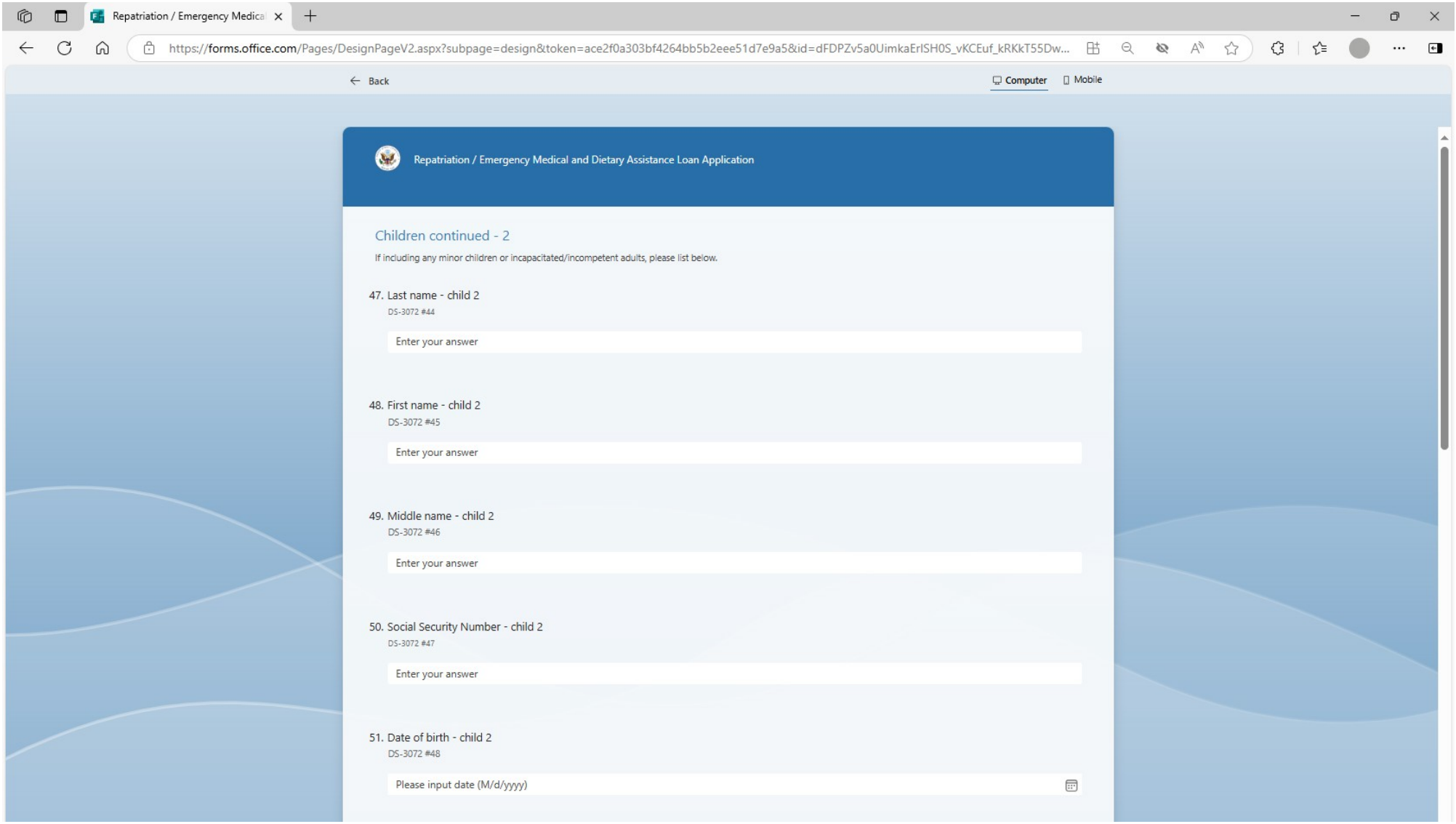
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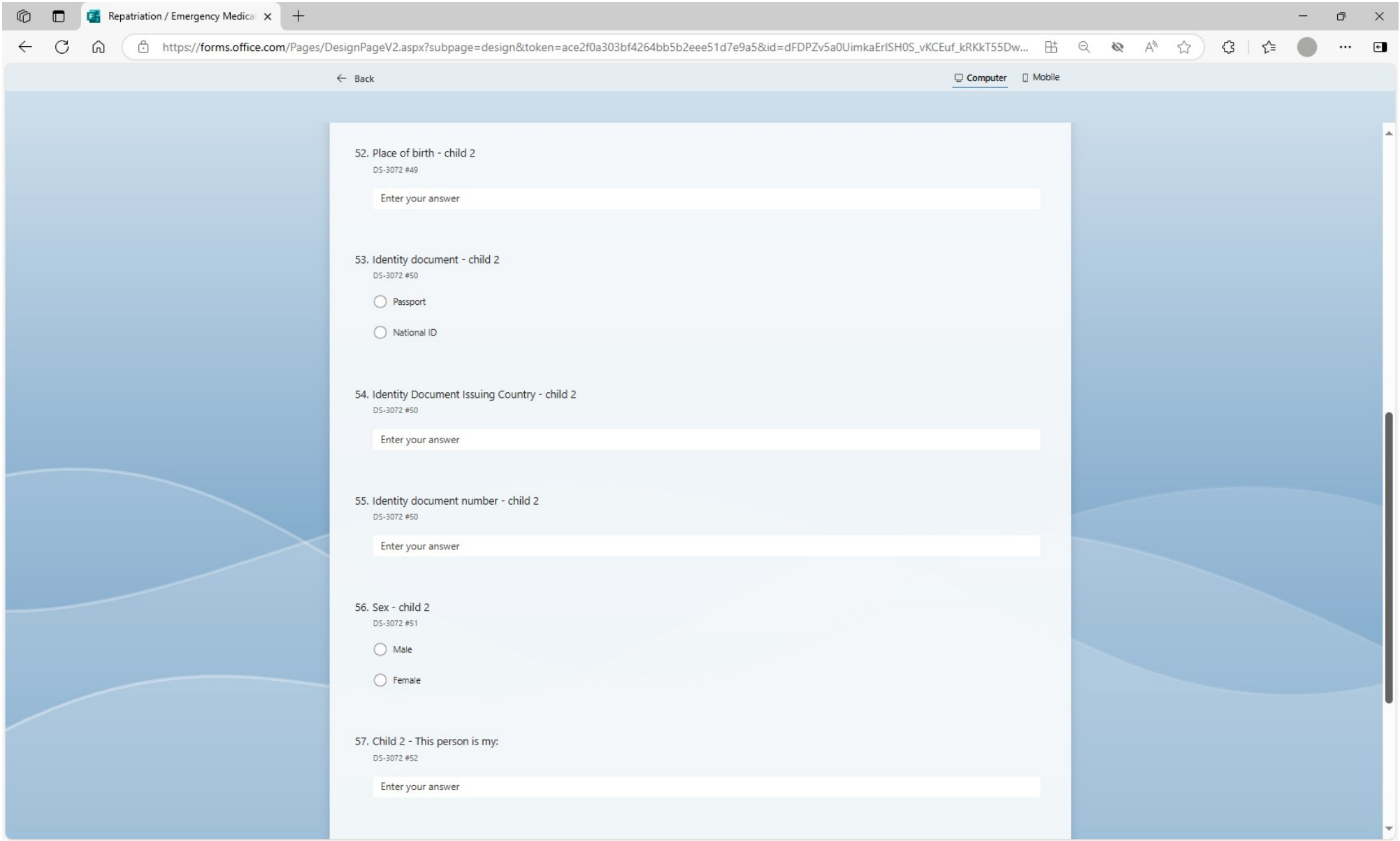
Back
Computer
Mobile
Repatriation / Emergency Medical and Dietary Assistance Loan Application
Children continued - 2
If including any minor children or incapacitated/incompetent adults, please list below.
47. Last name - child 2
DS-3072 #44
Enter your answer
48. First name - child 2
DS-3072 #45
Enter 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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Back
Computer
Mobile
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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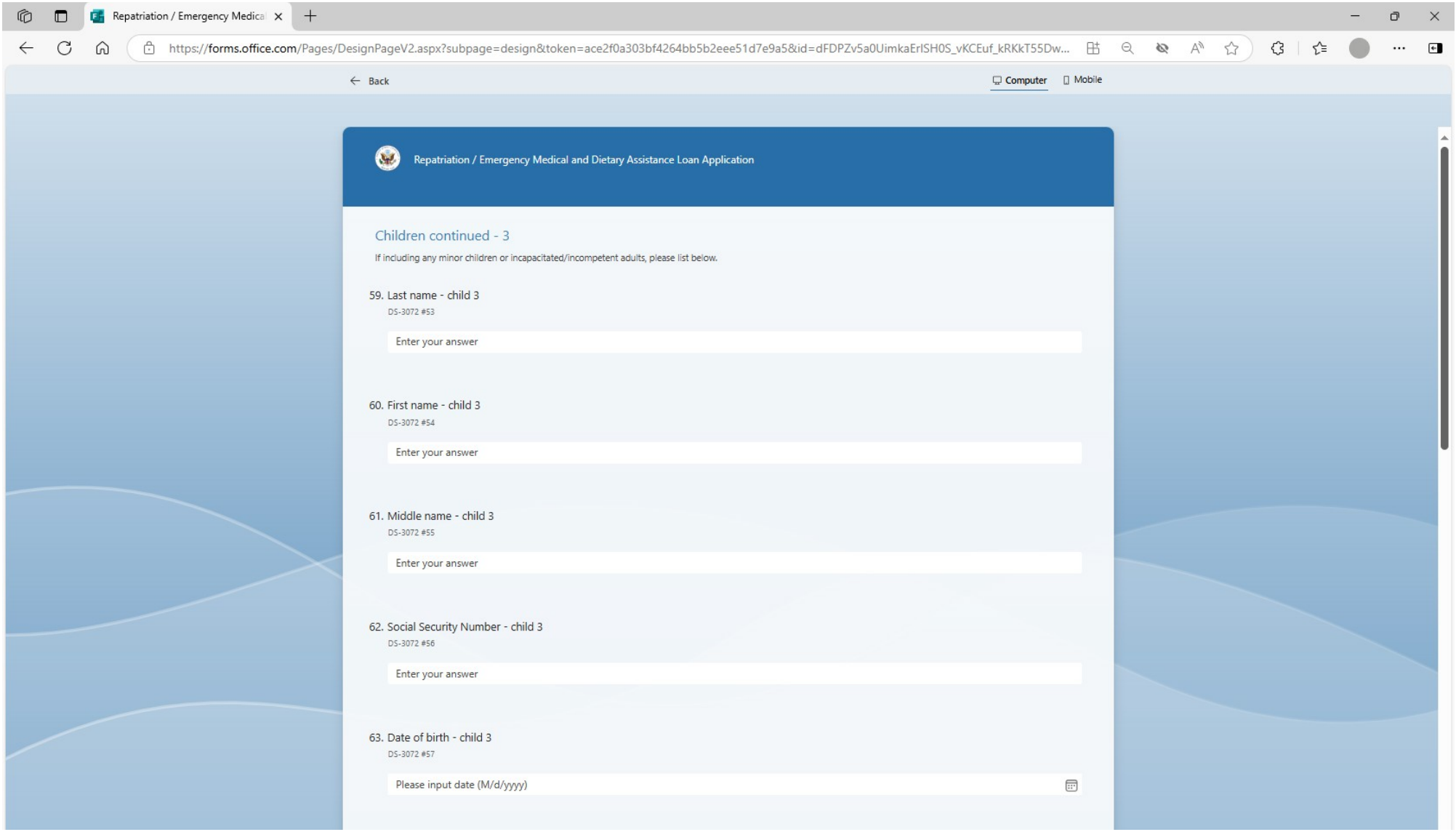
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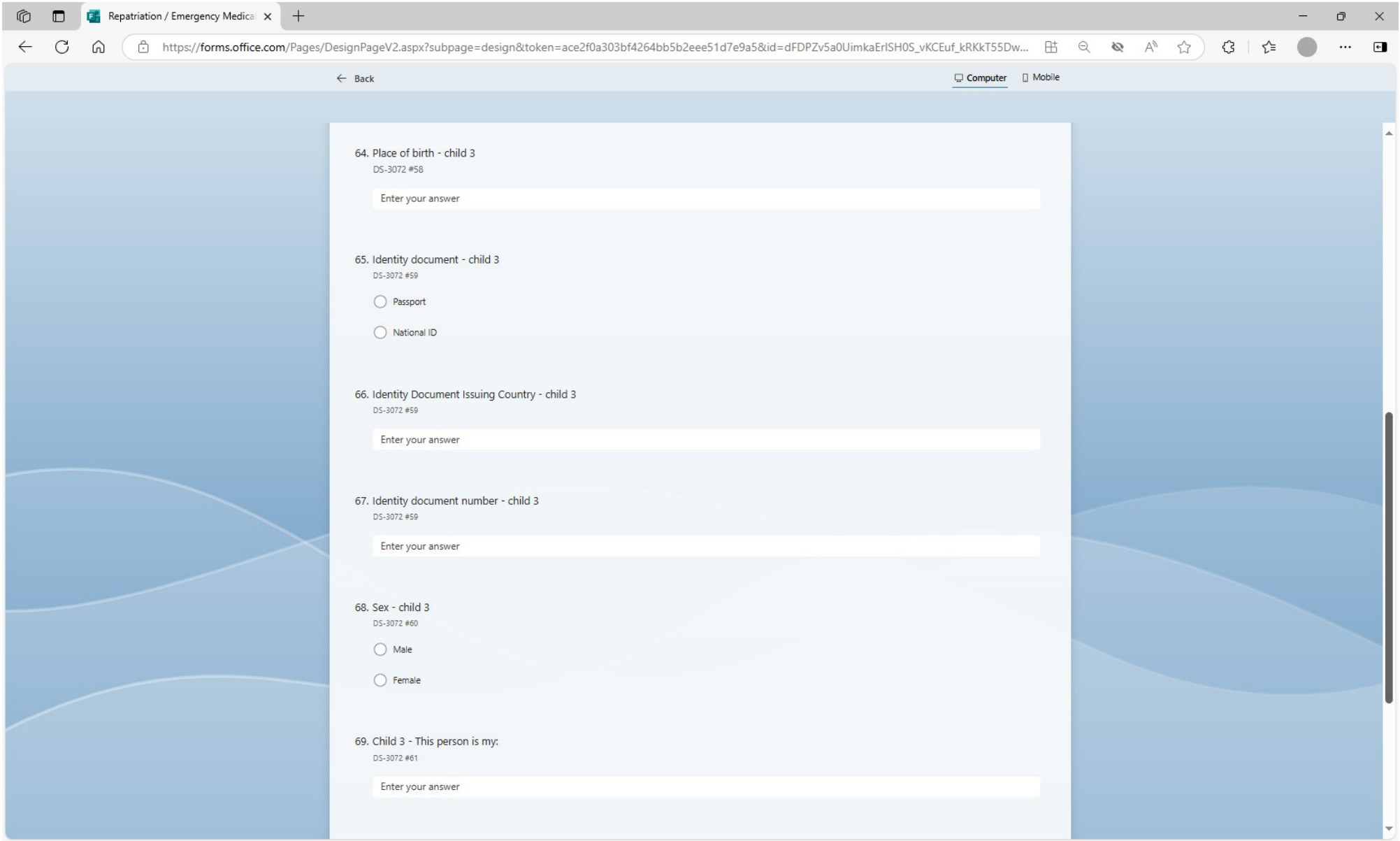
Back
Computer
Mobile
Repatriation / Emergency Medical and Dietary Assistance Loan Application
Children continued - 3
If including any minor children or incapacitated/incompetent adults, please list below.
59. Last name - child 3
DS-3072 #53
Enter your answer
60. First name - child 3
DS-3072 #54
Enter 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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Back
Computer
Mobile
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 Next

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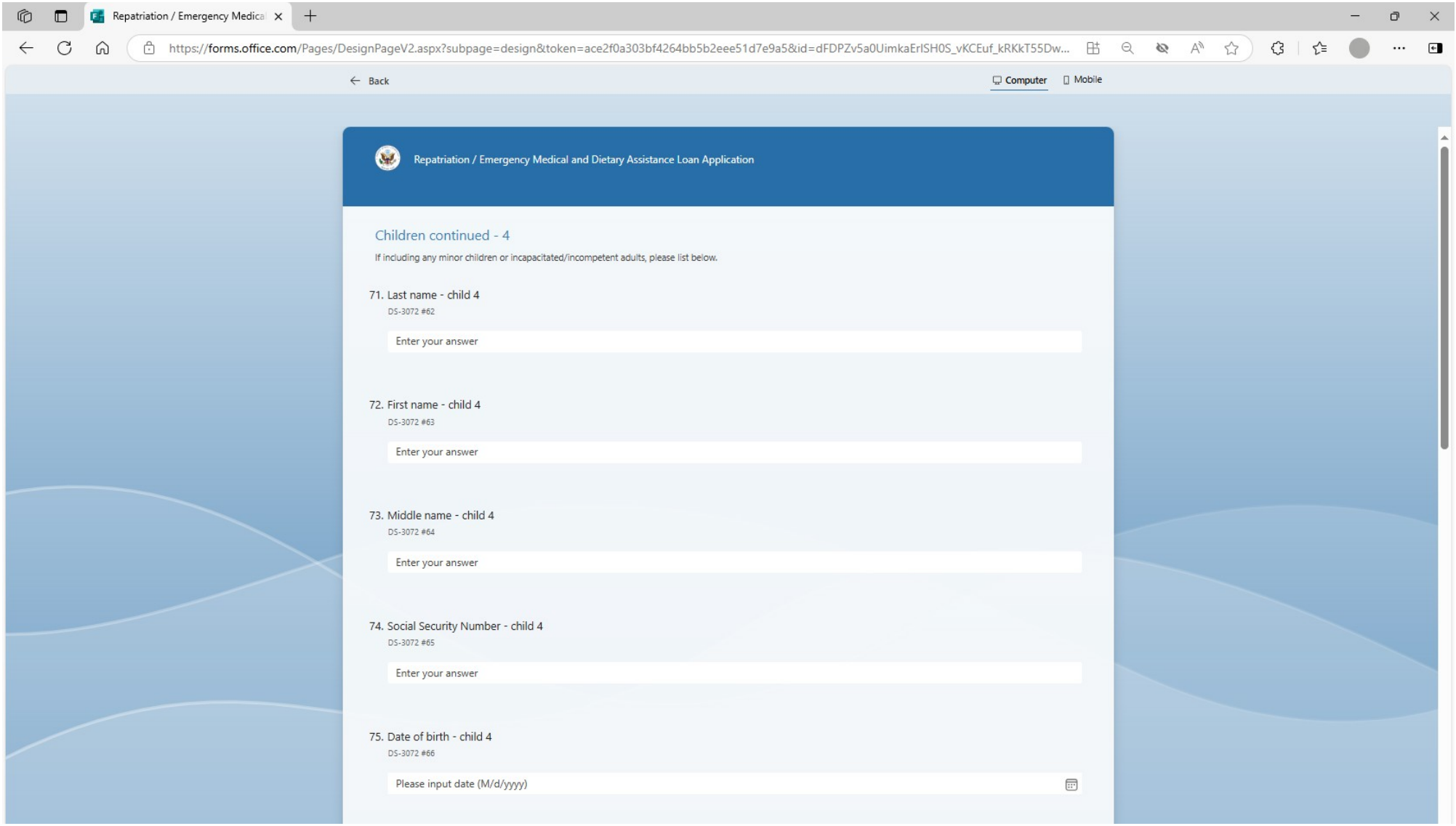
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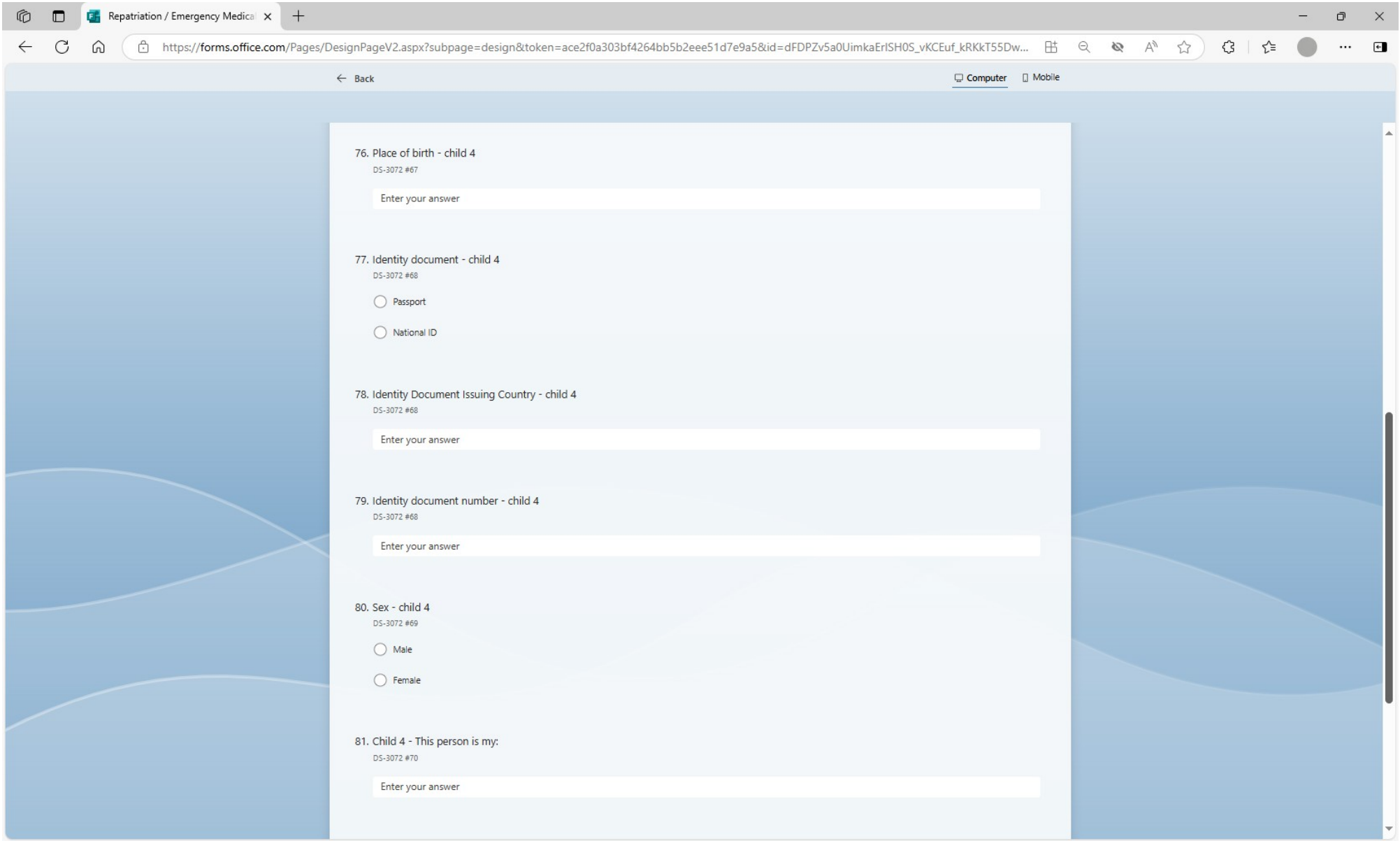
Back
Computer
Mobile
Repatriation / Emergency Medical and Dietary Assistance Loan Application
Children continued - 4
If including any minor children or incapacitated/incompetent adults, please list below.
71. Last name - child 4
DS-3072 #62
Enter your answer
72. First name - child 4
DS-3072 #63
Enter 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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Back
Computer
Mobile
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

Back Next

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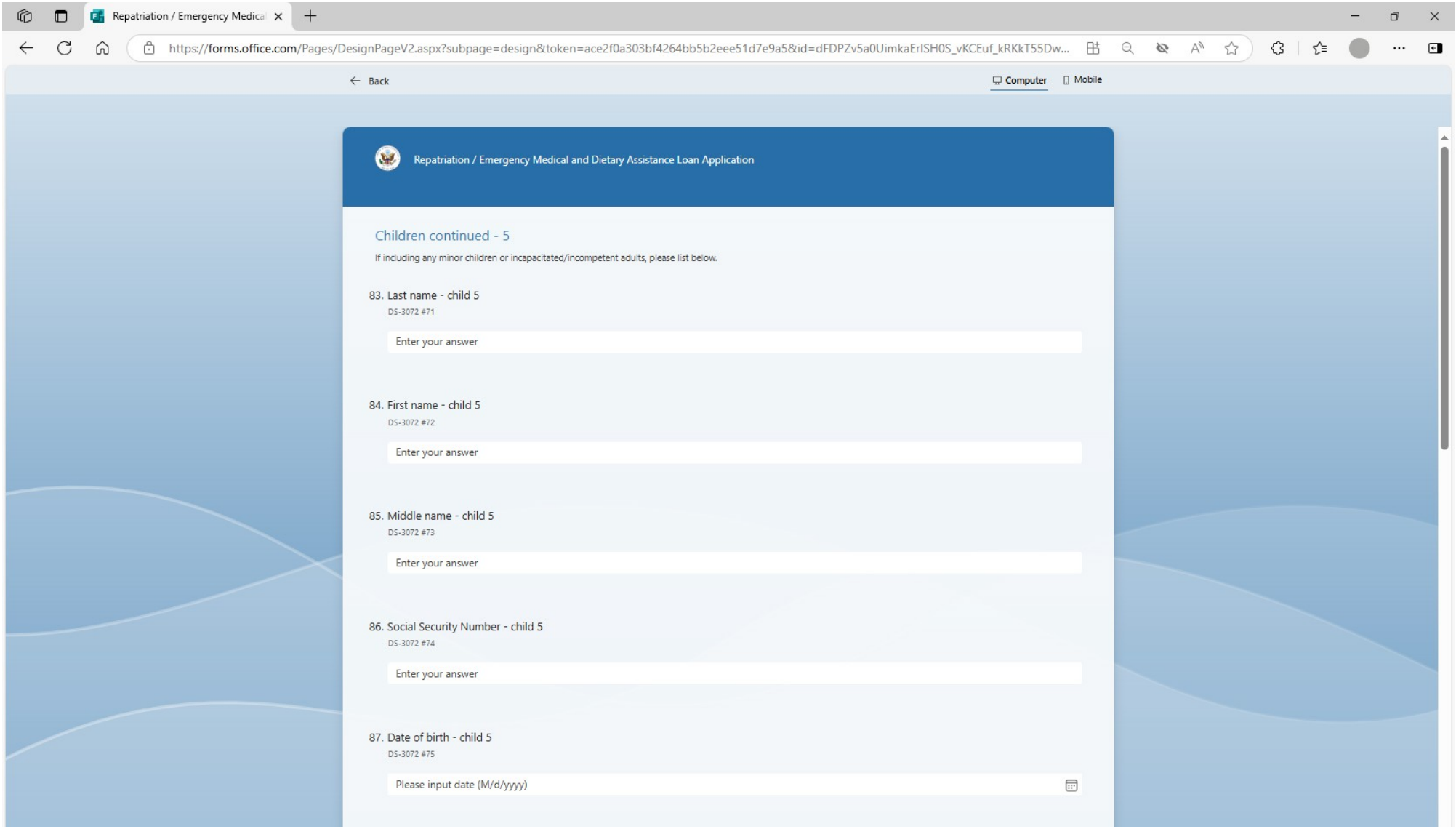
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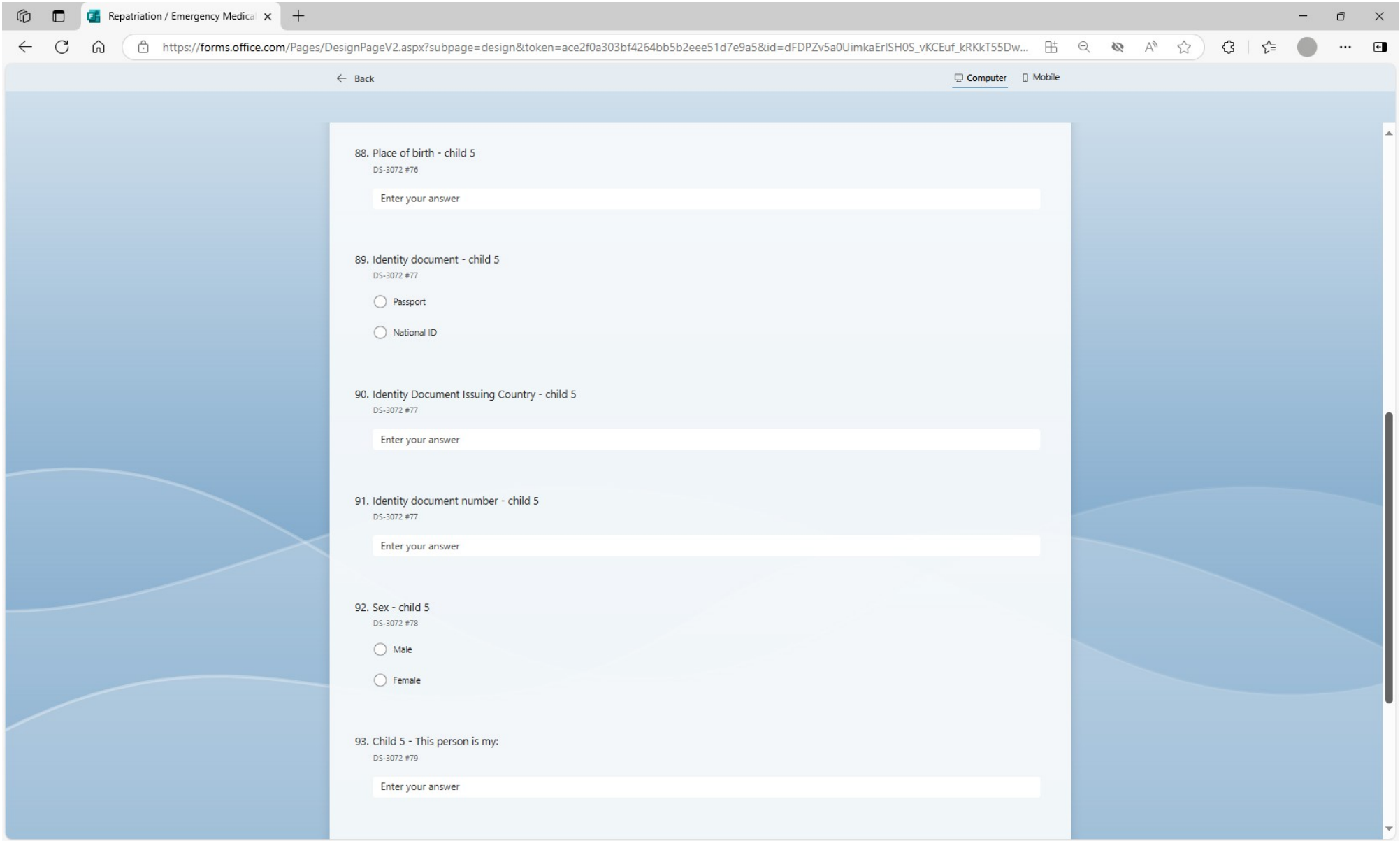
Back
Computer
Mobile
Repatriation / Emergency Medical and Dietary Assistance Loan Application
Children continued - 5
If including any minor children or incapacitated/incompetent adults, please list below.
83. Last name - child 5
DS-3072 #71
Enter your answer
84. First name - child 5
DS-3072 #72
Enter 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)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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

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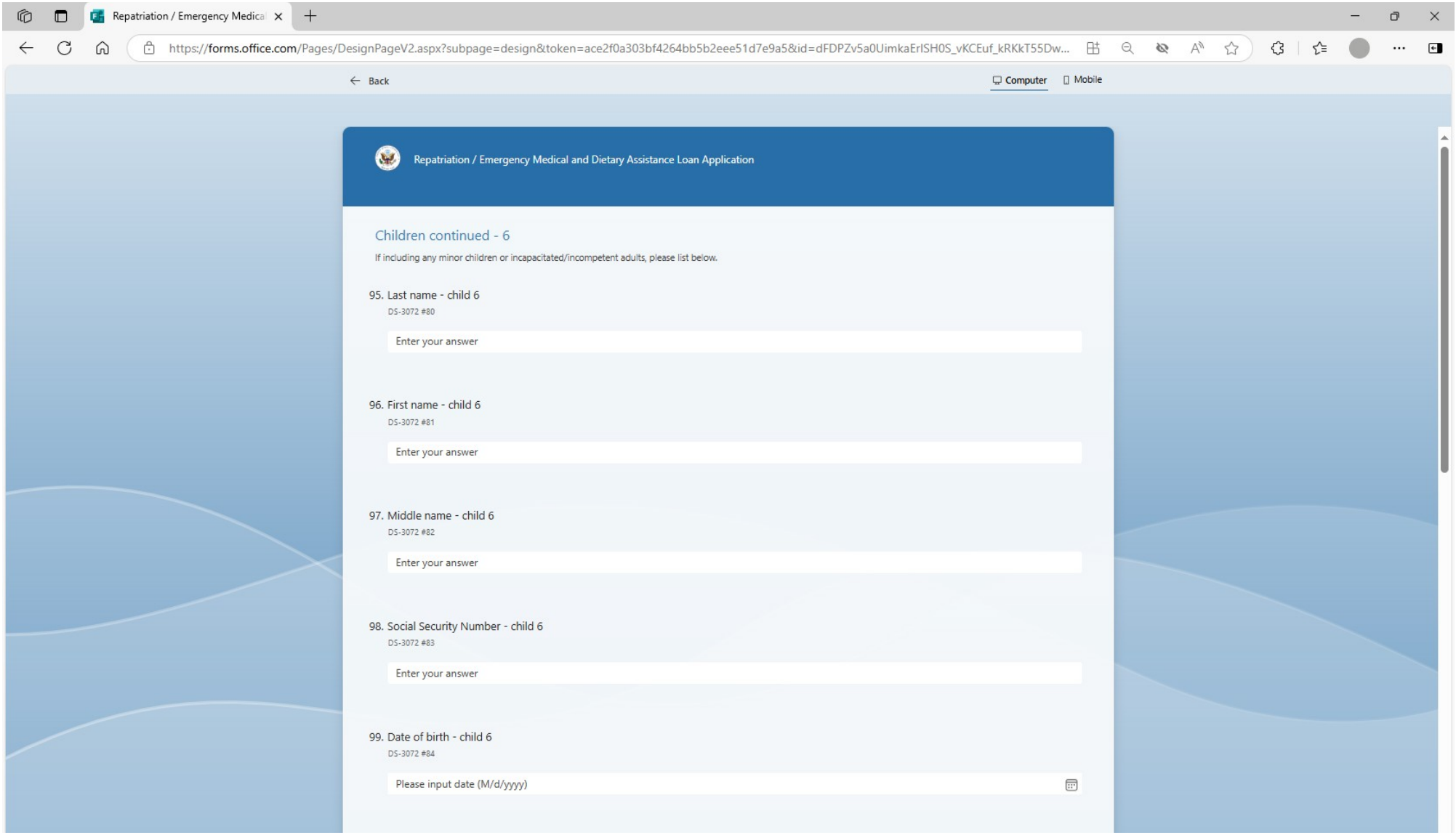
Repatriation / Emergency Medica
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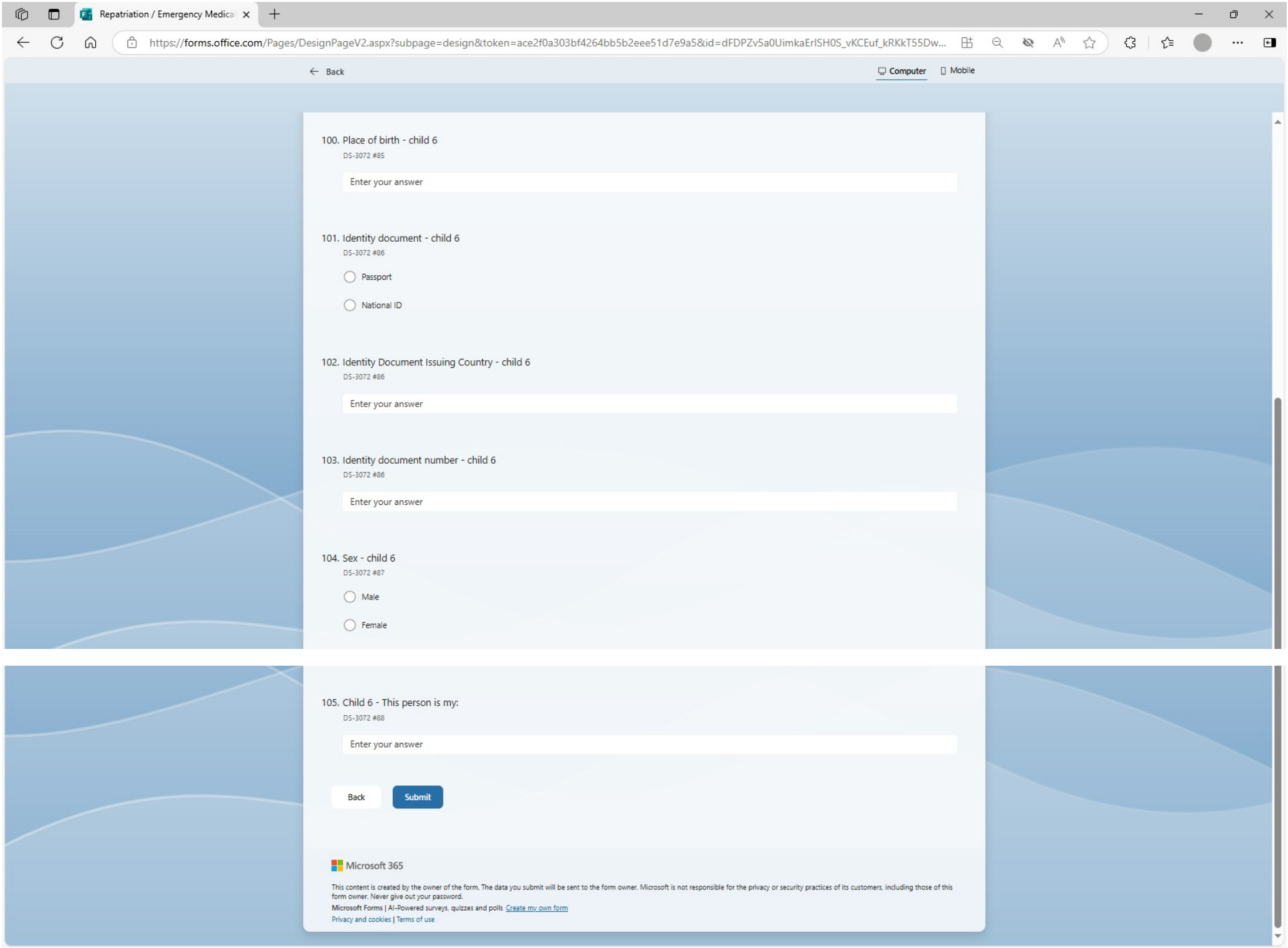
Back
Computer
Mobile
Repatriation / Emergency Medical and Dietary Assistance Loan Application
Children continued - 6
If including any minor children or incapacitated/incompetent adults, please list below.
95. Last name - child 6
DS-3072 #80
Enter your answer
96. First name - child 6
DS-3072 #81
Enter 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)


Repatriation / Emergency Medica
https://forms.office.com/Pages/DesignPageV2.aspx?subpage=design&token=ace2f0a303bf4264bb5b2eee51d7e9a5&id=dFDPZv5a0UimkaErISH0S_vKCEuf_kRKkT55Dw...
Back
Computer
Mobile
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
Microsoft 365
This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.
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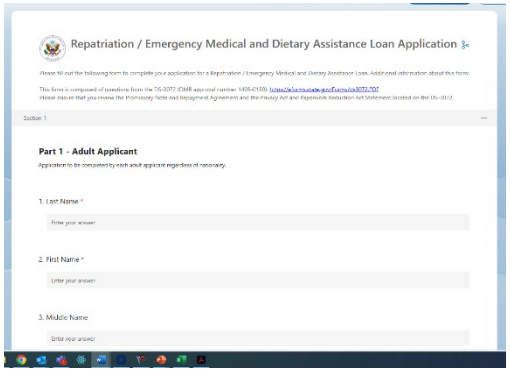
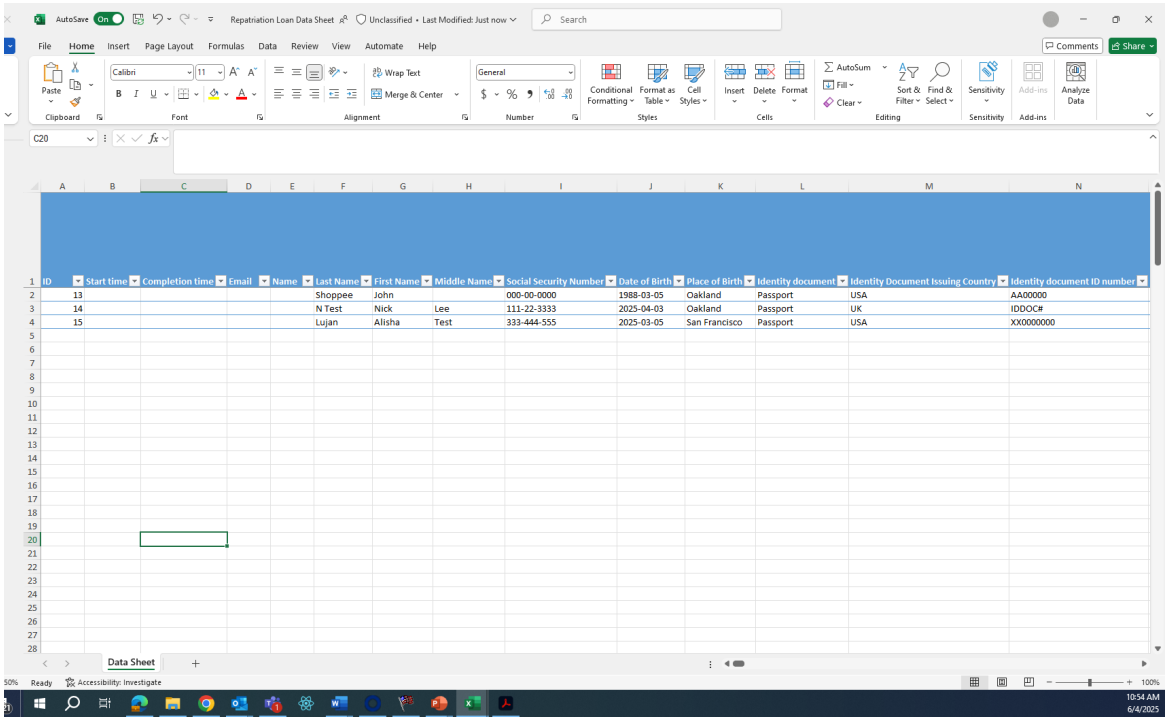
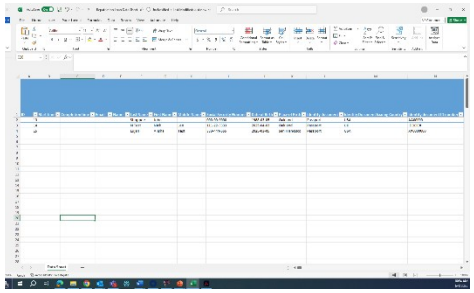
2. Power Automate pulls data from MS Form to MS Excel





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 *(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	7. Identity Document	8. Sex
«Social_Security_N	«Date_of_Birth»	«Place_of_Birth»	Issuing «Identity_Docume «P Passport No. OR «P National ID No. «Identity_docume	«P Male «P Female

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.	11. E-mail address where you may be contacted now.
«Phone_number_where_you_may_be_cont	«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 *(Not a Post Office Box)*

14. Address Line 1
«Address_line_1»

15. Address Line 2
«Address_line_2»

16. City	17. State/Province	18. Country
«City»	«StateProvince»	«Country»

19. Postal Code	20. Telephone Number *(Include Country/City Codes)*	21. E-mail Address
«Postal_Code»	«Telephone_number»	«Email_address»

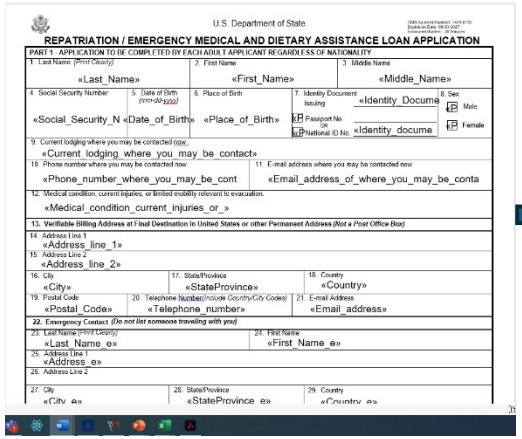
22. Emergency Contact *(Do not list someone traveling with you)*

23. Last Name *(Print Clearly)*	24. First Name
«Last_Name_e»	«First_Name_e»

25. Address Line 1
«Address_e»

26. Address Line 2

27. City	28. State/Province	29. Country
«City_e»	«StateProvince_e»	«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	7. Identity Document	8. Sex
«Social_Security_N	«Date_of_Birth»	«Place_of_Birth»	Issuing «Identity_Docume ☒ Passport No. OR ☐ National ID No. «Identity_docume	☐ Male ☐ Female

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.	11. E-mail address where you may be contacted now.
«Phone_number_where_you_may_be_cont	«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 (Not a Post Office Box)

14. Address Line 1
«Address_line_1»

15. Address Line 2
«Address_line_2»

16. City	17. State/Province	18. Country
«City»	«StateProvince»	«Country»

19. Postal Code	20. Telephone Number (Include Country/City Codes)	21. E-mail Address
«Postal_Code»	«Telephone_number»	«Email_address»

22. Emergency Contact (Do not list someone traveling with you)

23. Last Name (Print Clearly)	24. First Name
«Last_Name_e»	«First_Name_e»

25. Address Line 1
«Address_e»

26. Address Line 2

27. City	28. State/Province	29. Country
«City_e»	«StateProvince_e»	«Country_e»

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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	7. Identity Document	8. Sex
111-22-3333	2025-04-03	Oakland	Issuing UK ☒ Passport No. OR ☐ National ID No. IDDOC#	☐ Male ☒ Female

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 addess

26. Address Line 2

27. City	28. State/Province	29. Country
e city	e state	e usa

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