

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

https://forms.office.com/Pages/DesignPageV2.aspx?subpage=design&token=ace2f0a303bf4264bb5b2eee51d7e9a5&id=dFDPZv5a0UimkaErISH0S_vKCEuf_kRkKt55Dw...

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 **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

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10. Sex *

D5-3072 #8

Male

Female

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

D5-3072 #9

Enter your answer

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

D5-3072 #10

Enter your answer

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

D5-3072 #11

Enter your answer

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

D5-3072 #12

Enter your answer

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 Repatration / 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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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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 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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29. Country

DS-3072 #29

30. Postal code

DS-3072 #30

31. Phone number (Include Country/City Codes)

DS-3072 #31

32. Email Address

DS-3072 #32

33. Relationship to you *

DS-3072 #33

- Spouse
- Parent
- Child
- Family member
- Friend
- Other


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 Repatration / Emergency Medical and Dietary Assistance Loan Application


Children
DS-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

53. Identity document - child 2
DS-3072 #50

- Passport
- National ID

54. Identity Document Issuing Country - child 2
DS-3072 #50

55. Identity document number - child 2
DS-3072 #50

56. Sex - child 2
DS-3072 #51

- Male
- Female

57. Child 2 - This person is my:
DS-3072 #52

58. 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 - 3

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

59. Last name - child 3
DS-3072 #53

60. First name - child 3
DS-3072 #54

61. Middle name - child 3
DS-3072 #55

62. Social Security Number - child 3
DS-3072 #56

63. Date of birth - child 3
DS-3072 #57

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64. Place of birth - child 3
DS-3072 #58

65. Identity document - child 3
DS-3072 #59

- Passport
- National ID

66. Identity Document Issuing Country - child 3
DS-3072 #59

67. Identity document number - child 3
DS-3072 #59

68. Sex - child 3
DS-3072 #60

- Male
- Female

69. Child 3 - This person is my:
DS-3072 #61

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

Yes

No

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Repatration / 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

72. First name - child 4
DS-3072 #63

73. Middle name - child 4
DS-3072 #64

74. Social Security Number - child 4
DS-3072 #65

75. Date of birth - child 4
DS-3072 #66

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76. Place of birth - child 4
DS-3072 #67

77. Identity document - child 4
DS-3072 #68

- Passport
- National ID

78. Identity Document Issuing Country - child 4
DS-3072 #68

79. Identity document number - child 4
DS-3072 #68

80. Sex - child 4
DS-3072 #69

- Male
- Female

81. Child 4 - This person is my:
DS-3072 #70

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

- Yes
- No

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Children continued - 5

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

83. Last name - child 5
DS-3072 #71

84. First name - child 5
DS-3072 #72

85. Middle name - child 5
DS-3072 #73

86. Social Security Number - child 5
DS-3072 #74

87. Date of birth - child 5
DS-3072 #75

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88. Place of birth - child 5
DS-3072 #76

89. Identity document - child 5
DS-3072 #77

- Passport
- National ID

90. Identity Document Issuing Country - child 5
DS-3072 #77

91. Identity document number - child 5
DS-3072 #77

92. Sex - child 5
DS-3072 #78

- Male
- Female

93. Child 5 - This person is my:
DS-3072 #79

94. 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 - 6

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

95. Last name - child 6
DS-3072 #80

96. First name - child 6
DS-3072 #81

97. Middle name - child 6
DS-3072 #82

98. Social Security Number - child 6
DS-3072 #83

99. Date of birth - child 6
DS-3072 #84

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100. Place of birth - child 6

D5-3072 #85

Enter your answer

101. Identity document - child 6

D5-3072 #86

Passport

National ID

102. Identity Document Issuing Country - child 6

D5-3072 #86

Enter your answer

103. Identity document number - child 6

D5-3072 #86

Enter your answer

104. Sex - child 6

D5-3072 #87

Male

Female

105. Child 6 - This person is my:

D5-3072 #88

Enter your answer

Back

Submit



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

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. Add additional information about the form.

This form is comprised of questions from the USCIS 2018 approval number 165-0119. <https://www.uscis.gov/efile/2018/2018-03-01>

Please review that you review the Privacy Notice and Employment Agreement and the Privacy Act and Paperwork Reduction Act Statement located on the 18-101-0.

Section 1

Part 1 - Adult Applicant
Applicants 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

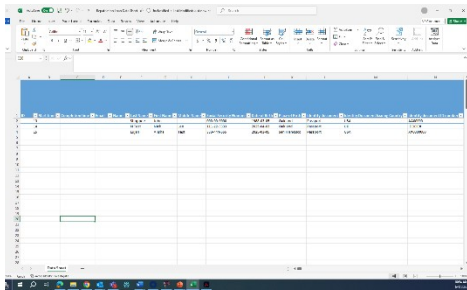
Enter your answer




Excel spreadsheet showing the data extracted from the MS Form. The spreadsheet is titled "Repatriation Loan Data Sheet" and contains the following data:

ID	Start time	Completion time	Email	Name	Last Name	First Name	Middle Name	Social Security Number	Date of Birth	Place of Birth	Identity document	Identity Document Issuing Country	Identity document ID number
13				Shoppee	John			000-00-0000	1988-03-05	Oakland	Passport	USA	AA00000
14				N Test	Nick	Lee		111-22-3333	2025-04-03	Oakland	Passport	UK	IDDOCH
15				Lujan	Alisha	Test		333-444-555	2025-03-05	San Francisco	Passport	USA	XX000000

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



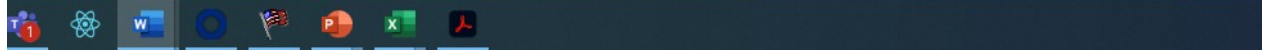

U.S. Department of State

 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 <u>now</u> . «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 <u>Number</u> <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»	





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>) N Test		2. First Name Nick		3. Middle Name Lee	
4. Social Security Number 111-22-3333		5. Date of Birth (<i>mm-dd-yyyy</i>) 2025-04-03	6. Place of Birth Oakland	7. Identity Document Issuing UK	8. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
9. Current lodging where you may be contacted <u>now</u> . US Consulate					
10. Phone number where you may be contacted now. 510-566-0363			11. E-mail address where you may be contacted now. 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 (<i>Not a Post Office Box</i>)					
14. Address Line 1 US Consulate st kilda					
15. Address Line 2					
16. City Melbourne		17. State/Province CA		18. Country USA	
19. Postal Code 3000		20. Telephone Number (<i>Include Country/City Codes</i>) 222-333-0363		21. E-mail Address parkernl@state.gov	
22. Emergency Contact (<i>Do not list someone traveling with you</i>)					
23. Last Name (<i>Print Clearly</i>) Test emergency			24. First Name test e name		
25. Address Line 1 e address					
26. Address Line 2					
27. City e city		28. State/Province e state		29. Country e USA	

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
4. Social Security Number 5. Date of Birth (mm-dd-yyyy) 6. Place of Birth 7. Identity Document Issuing 8. 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.
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)
14. Address Line 1
15. Address Line 2
16. City 17. State/Province 18. Country
19. Postal Code 20. Telephone Number (Include Country/City Codes) 21. E-mail Address
22. Emergency Contact (Do not list someone traveling with you)
23. Last Name (Print Clearly) 24. First Name
25. Address Line 1
26. Address Line 2
27. City 28. State/Province 29. Country

Accessibility: Investigate

