



## APPLICATION FOR A U.S. PASSPORT

Please print legibly using black ink only. If you make an error, complete a new form. Do not correct or white out.

## Select document(s) for which you are submitting fees:

☐ U.S. Passport Book ☐ U.S. Passport Card ☐ BothThe 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

☐ D ☐ O ☐ S ☐ NFR

End. # \_\_\_\_\_ Exp. \_\_\_\_\_

First

Middle

## 2. Date of Birth (MM/DD/YYYY)

## 3. Sex

M F

## 4. Place of Birth (City &amp; State if in the U.S. or City &amp; Country as it is presently known.)

## 5. Social Security Number

## 6. USCIS Registration A-Number (if applicable)

7. Email (see application status at [passportstatus.state.gov](http://passportstatus.state.gov))

A-

## 8. Mailing Address Line 1: Street/RFD#, P.O. Box, or URB. Also include Apartment, Suite, etc

## Address Line 2: (If applicant is a child, write "In Care Of" the parent) Example: In Care Of - Jane Doe

City

State

Zip Code

Country (if outside the United States)

## 9. Primary Contact Phone Number

List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change). If needed, attach additional pages.

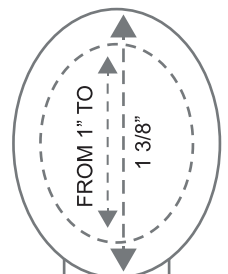
A.

B.

Staple

2" x 2"

Staple



Attach a color photograph of applicant taken within the last six months

☐ Acceptance Agent ☐ (Vice) Consul USA☐ Passport Staff Agent

(Seal)

Signature of person authorized to accept applications

Date

By signing this form, I certify that I have provided the verbal oath and witnessed the applicant's/legal guardian's signature.

Agent ID Number

Print Facility Name/Location

Facility ID Number

Name of courier company (if applicable)

For Issuing Office Only → Bk \_\_\_\_\_ Card \_\_\_\_\_ EF \_\_\_\_\_ Postage \_\_\_\_\_ Execution \_\_\_\_\_ Other \_\_\_\_\_

**STOP! CONTINUE TO PAGE 2**

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

## Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Second Signature Line (if identifying minor)

☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other \_\_\_\_\_

Name \_\_\_\_\_

Issue Date (mm/dd/yyyy)

Exp. Date (mm/dd/yyyy)

State of Issuance

ID No \_\_\_\_\_

Country of Issuance \_\_\_\_\_

## Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Third Signature Line (if identifying minor)

☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other \_\_\_\_\_

Name \_\_\_\_\_

Issue Date (mm/dd/yyyy)

Exp. Date (mm/dd/yyyy)

State of Issuance

ID No \_\_\_\_\_

Country of Issuance \_\_\_\_\_

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not performed any of the acts listed under "Acts or Conditions" on page 4 of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page 4 of the instructions to the application form.

X \_\_\_\_\_  
Applicant's Legal Signature - age 16 and olderX \_\_\_\_\_  
Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)X \_\_\_\_\_  
Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

<b>Name of Applicant</b> <i>(Last, First, &amp; Middle)</i>			<b>Date of Birth</b> (MM/DD/YYYY)		
<div></div>			<div></div>		
<b>10. Parental Information</b>					
Mother/Father/Parent - First & Middle Name <i>(at Parent's Birth)</i>			Last Name <i>(at Parent's Birth)</i>		
<div></div>			<div></div>		
Date of Birth (MM/DD/YYYY)		Place of Birth <i>(City &amp; State if in the U.S. or City &amp; Country as it is presently known)</i>		Sex	U.S. Citizen?
<div></div>		<div></div>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother/Father/Parent - First & Middle Name <i>(at Parent's Birth)</i>			Last Name <i>(at Parent's Birth)</i>		
<div></div>			<div></div>		
Date of Birth (MM/DD/YYYY)		Place of Birth <i>(City &amp; State if in the U.S. or City &amp; Country as it is presently known)</i>		Sex	U.S. Citizen?
<div></div>		<div></div>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11. Have you ever been married?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the remaining items in #11.</i>					
Full Name of Current Spouse or Most Recent Spouse <i>(Last, First &amp; Middle)</i>			Date of Birth (MM/DD/YYYY)		Place of Birth
<div></div>			<div></div>		<div></div>
U.S. Citizen?	Date of Marriage	Have you ever been widowed or divorced?		Widow/Divorce Date	
<input type="checkbox"/> Yes <input type="checkbox"/> No	(MM/DD/YYYY) <div></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No		(MM/DD/YYYY) <div></div>	
<b>12. Additional Contact Phone Number</b>			<b>13. Occupation</b> <i>(if age 16 or older)</i>		<b>14. Employer or School</b> <i>(if applicable)</i>
<div></div>			<div></div>		<div></div>
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>					
<b>18. Travel Plans</b> <i>(If no travel plans, please write "none")</i>					
<b>15. Height</b>		<b>16. Hair Color</b>		<b>17. Eye Color</b>	
<div></div>		<div></div>		<div></div>	
Departure Date (MM/DD/YYYY)			Return Date (MM/DD/YYYY)		
<div></div>			<div></div>		
<b>19. Permanent Address</b> <i>(Complete if P.O. Box is listed under Mailing Address <u>or</u> if residence is different from Mailing Address. Do not list a P.O. Box.)</i>					
Street/RFD # or URB					Apartment/Unit
<div></div>					<div></div>
City			State	Zip Code	
<div></div>			<div></div>	<div></div>	
<b>20. Your Emergency Contact</b> <i>(Provide the information of a person not traveling with you to be contacted in the event of an emergency.)</i>					
Name		Address: Street/RFD # or P.O. Box			Apartment/Unit
<div></div>		<div></div>			<div></div>
City		State	Zip Code	Phone Number	Relationship
<div></div>		<div></div>	<div></div>	<div></div>	<div></div>
<b>21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the remaining items in #21.</i>					
Name printed on your most recent book		<b>Status of Book</b>		Name printed on your most recent card	
<div></div>		<input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession <i>(if expired)</i>		<div></div>	
<b>Status of Card</b>					
<b>If your most recent passport book/card was lost or stolen, you must explain in detail below. Please provide your previous book/card number and include the date and location (address/city/state/country) of the loss/theft, if known. Please indicate whether you filed a police report, and if it is available, please submit a copy. If you need more space, continue on a separate sheet of paper.</b>					
<div></div>					

PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY

Name as it appears on citizenship evidence _____				<div></div>			
<input type="checkbox"/> Birth Certificate	SR	CR	City			Filed:	Issued:
<input type="checkbox"/> Nat. / Citiz. Cert.	USCIS	USDC	Date/Place Acquired:			A#	
<input type="checkbox"/> Report of Birth	Filed/Place:						
<input type="checkbox"/> Passport	C/R	S/R	See #21			#/DOI:	
<input type="checkbox"/> Other:							
<input type="checkbox"/> Attached:							
<div></div>							
<input type="checkbox"/> P/C of Citiz <input type="checkbox"/> P/C of ID <input type="checkbox"/> DS-71 <input type="checkbox"/> DS-3053 <input type="checkbox"/> DS-64 <input type="checkbox"/> DS-5520 <input type="checkbox"/> DS-5525 <input type="checkbox"/> PAW <input type="checkbox"/> NPIC <input type="checkbox"/> IRL <input type="checkbox"/> Citiz W/S							



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