

## U.S. Department of State

APPLICATION FOR A U.S. PASSPORT

OMB Control No. 1405-0004 Expiration Date: 06/30/2028 Estimated Burden: 85 Minutes

	Select docu	ument(s) for whi	ich you are su	bmitting fee	s:				
	U.S. Passport B		U.S. Passport C	_	Both				
	The U.S. P	Passport Card is <u>not</u> valid for intern							
	_ ~ v	ook (Standard)		ook (Non-Standa	,				
	The large book	is for frequent internation	onal travelers who ne	ed more visa page	es				
	1. Name Last								
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	Firet .				Middle	End.#		Exp	
	First				Middle				
	2. Date of Birth (MM/DD/	YYYY)	3. Sex	4. Plac	ce of Birth (City	& State if in the	U.S. or City & Country	as it is presently known.)	
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	5. Social Security Number	r 6.0	USCIS Registrat	ion A-Numbe	r (if applicable	e) 7. Email (se	e application status at pas	sportstatus.state.gov)	
			A-						
8. Mailing	g Address Line 1: Street/Rh	FD#. P.O. Box. or URB.	Also include Apartm	nent. Suite, etc					
A dalana a L	· O //f applicant is a shild w	"I "I'm Core Of" the nor	Trample: In Co.	Of Jana Dag					
Address L	Line 2: (If applicant is a child, wi	nte in Care Or the part	епт) Ехапірі <del>с</del> . Іп Саі	re Of - Jane Doe					
City			State	Zip Code		Country (i	if outside the Unite	ed States)	
		1 '-1 all athon		15 and a Dieth A	Maiden Drevie	Maria va Jana	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
9. Primary	Contact Phone Number	List all other	names you have used	. (Examples: Birth IV	lame, Maiden, Previo	ous Marriage, Legai	l Name Change). It neede	ed, attach additional pages.	
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				TOP! C	ONTINU	IE TO P	PAGE 2—		4
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Staple		DO NOT S	Documents -Appli	cant or Mother/F	ather/Parent/Le	egal Guardian d	on Second Signatur	e Line (if identifying mir	nor)
01	/ / p	Driver's Lic		ssued ID Card	Passport		itary Oth		_
2	3/8"	Name							_
× ×	FROM 133	Issue Date			Exp. Date			State of	
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taple		ıφ	Documents - Appli	cant or Mother	Father/Parent/L	egal Guardian	Issuance	Line (if identifying mind	 >r)
Staple	Attach a color photograph of applicant	St		cant or Mother/	Father/Parent/L	_	Issuance		 or) 
Staple	Attach a color photograph of applicant taken within the last six months	of Identifying D				_	Issuance on Third Signature		_ or) _ _
		Identifying D  Driver's Lic  Name  Issue Date			Passport  Exp. Date	Mili	Issuance on Third Signature	State of	 or) 
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Name of Applicant (Last, First, & Midd	dle)			Date of Birth (MM/DD/YYYY)					
10. Parental Information Mother/Father/Parent - First & Middle N	Name ( <u>at Parent's Birth</u> )		Last Name ( <u>at Parent'</u>	s Birth)					
Date of Birth (MM/DD/YYYY)	Place of Birth (City &	State if in the U.S. or C	ity & Country as it is prese	ently known)  Sex U.S. Citizen?  M Yes F No					
Mother/Father/Parent - First & Middle N	lame ( <u>at Parent's Birth</u> )		Last Name (at Parent's						
Date of Birth (MM/DD/YYYY)	Place of Birth (City &	State if in the U.S. or C	ity & Country as it is prese	☐ M ☐ Yes					
11. Have you ever been married?	☐Yes ☐No If ve	es. complete the remain	nina items in #11.	☐F ☐ No					
	11. Have you ever been married?  Yes No If yes, complete the remaining items in #11.  Full Name of Current Spouse or Most Recent Spouse (Last, First & Middle) Date of Birth (MM/DD/YYYY) Place of Birth								
U.S. Citizen? Date of Marriage    Yes   No (MM/DD/YYYY)		Have you ever beer		Nidow/Divorce Date (MM/DD/YYYY)					
12. Additional Contact Phone Numb	er	13. Occupat	ion (if age 16 or older)	14. Employer or School (if applicable)					
	Home Cel			, , , , , , , , , , , , , , , , , , , ,					
	Work	ans (If no travel plans, p	lease write "none")						
15. Height 16. Hair Color 17. Eye		te (MM/DD/YYYY) Return	n Date (MM/DD/YYYY) C	ountries to be Visited					
19. Permanent Address (Complete if P.	O. Box is listed under Maili	ng Address <u>or</u> if residence	is different from Mailing Addr	ress. Do not list a P.O. Box.)					
Street/RFD # or URB				Apartment/Unit					
City				State Zip Code					
20. Your Emergency Contact (Provide	e the information of a pe			e event of an emergency.)  Apartment/Unit					
Name		Address: Street/RFD	T# or P.O. Box	, iparament em					
City	State	Zip Code	Phone Number	Relationship					
21. Have you ever applied for or beer Name printed on your most recent book	n issued a U.S. Passpo Status of B								
	Submitting with application	Nam	e printed on your most recent ca	Submitting with application					
	Stolen Lost In my po	ossession (if expired)		Stolen Lost In my possession (if expired)					
				nber and include the date and location (address/city/state/ ed more space, continue on a separate sheet of paper.					
Country) of the loss/filert, it known. Flease indica	ate whether you med a police	report, and it it is available,	piease subiliit a copy. Il you lie	eu more space, commue on a separate sneet or paper.					
PLEASE DO NO	T WRITE BE	LOW THIS L	INE - FOR ISS	UING OFFICE ONLY					
Name as it appears on citizenship evidence									
Birth Certificate SR CR City	Filed:	Issued:	Sole						
Nat. / Citz. Cert. USCIS USDC Date/Pl	lace Acquired:	A#	Pare	ent.					
Report of Birth Filed/Place:									
Passport C/R S/R See #21 #/DOI:									
Other:									
Attached:									
P/C of Citz P/C of ID DS-71 DS	-3053 DS-64 DS-5	5520 DS-5525 PAV	W ☐ NPIC ☐ IRL ☐ Citz	W/S DS 11 C 04 2025 2					