



APPLICATION FOR U.S. PASSPORT REGISTRATION
(Type or print all capital letters in blue or black ink in white areas only)

1. NAME (First and Middle)
 LAST
 2. MAIL PASSPORT TO: STREET / RFD # OR P.O. BOX APT. #
 CITY STATE
 ZIP CODE COUNTRY / IN CARE OF (if applicable)

5 Yr. 10 Yr. Issue Date _____
 R D O DP
 End. # _____ Exp. _____

3. SEX M F 4. PLACE OF BIRTH (City & State or City & Country) 5. DATE OF BIRTH (Month Day Year) 6. SOCIAL SECURITY NUMBER (SEE FEDERAL TAX LAW NOTICE ON PAGE 4)
 7. HEIGHT (Feet Inches) 8. HAIR COLOR 9. EYE COLOR 10. HOME TELEPHONE 11. BUSINESS TELEPHONE 12. OCCUPATION
 13. PERMANENT ADDRESS (DO NOT LIST P.O. BOX) Street/R.F.D.# City State

14. FATHER'S FULL NAME (Last First) BIRTHPLACE BIRTHDATE U.S. CITIZEN (Yes No) 15. MOTHER'S FULL MAIDEN NAME (Last First) BIRTHPLACE BIRTHDATE U.S. CITIZEN (Yes No)
 16. HAVE YOU EVER BEEN MARRIED? (Yes No) SPOUSE'S OR FORMER SPOUSE'S FULL NAME AT BIRTH BIRTHPLACE BIRTHDATE U.S. CITIZEN (Yes No)
 DATE OF MOST RECENT MARRIAGE (Month Day Year) WIDOWED/DIVORCED? (Yes Give Date Month Day Year No) 17. OTHER NAMES YOU HAVE USED (1) (2)
 18. HAVE YOU EVER BEEN ISSUED A U.S. PASSPORT? (Yes No) IF YES, COMPLETE NEXT LINE AND SUBMIT PASSPORT IF AVAILABLE. NAME IN WHICH ISSUED MOST RECENT PASSPORT NUMBER APPROXIMATE ISSUE DATE (Month Day Year) (Submitted Stolen Lost Other)

It is necessary to submit a statement with an application for a new passport when a previous valid or potentially valid passport cannot be presented. The statement must set forth in detail why the previous passport cannot be presented. Use Form DS-64.

19. EMERGENCY CONTACT. If you wish, you may supply the name, address and telephone number of a person not traveling with you to be contacted in case of emergency.
 NAME STREET CITY STATE ZIP CODE TELEPHONE
 20. TRAVEL PLANS (not mandatory) Date of Trip (Month Day Year) Length of Trip COUNTRIES TO BE VISITED:

21. STOP. DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY PERSON ADMINISTERING OATH. I have not, since acquiring United States citizenship, performed any of the acts listed under "Acts or Conditions" on the reverse of this application form (unless explanatory statement is attached). I solemnly swear (or affirm) that the statements made on this application are true and the photograph attached is a true likeness of me.

X _____ Father's/Legal Guardian's Signature (if identifying minor)
 X _____ Applicant's Signature - age 14 or older
 X _____ Mother's/Legal Guardian's Signature (if identifying minor)

22. FOR ACCEPTANCE AGENT'S USE Subscribed and sworn to (affirmed) before me (Month Day Year) (Signature of person authorized to accept application)
 Clerk of Court; Location _____
 PASSPORT Agent
 Postal Employee
 (Vice) Consul USA

23a. Applicant's or Father's Identifying Documents Driver's License Passport Other (Specify) _____ Issue Date: _____ Expiration Date: _____ Place of Issue: _____ Name: _____ ID No. _____
 23b. Mother's Identifying Documents Driver's License Passport Other (Specify) _____ Issue Date: _____ Expiration Date: _____ Place of Issue: _____ Name: _____ ID No. _____

24. FOR ISSUING OFFICE USE ONLY (Applicant's evidence of citizenship)
 Birth Certificate SR CR City Filed/Issued:
 Passport Bearer's Name:
 Report of Birth:
 Naturalization/Citizenship Cert. No:
 Other:
 Seen & Returned:
 Attached:
 Issued: _____ APPLICATION APPROVAL

25. FEE _____ EXEC. _____ EF _____ OTHER _____

FOLD

STAPLE

2" x 2"

STAPLE

FOLD

SUBMIT TWO RECENT IDENTICAL PHOTOS