



# APPLICATION FOR U.S. PASSPORT BY MAIL

TYPE OR PRINT IN BLUE OR BLACK INK IN WHITE AREAS ONLY USE BLOCK LETTERS/NUMBERS

NAME	FIRST	MIDDLE
LAST		
<b>MAIL PASSPORT TO</b>		
STREET / RFD # OR P.O. BOX		APT. #
CITY	STATE	ZIP CODE
IN CARE OF (IF APPLICABLE)		

Issue Date \_\_\_\_\_

R D O DP

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

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	PLACE OF BIRTH City & State or City & Country	DATE OF BIRTH			SOCIAL SECURITY NUMBER <small>(SEE FEDERAL TAX LAW NOTICE ON REVERSE SIDE)</small>			
		Month	Day	Year				

HEIGHT Feet   Inches	HAIR COLOR	EYE COLOR	HOME TELEPHONE	BUSINESS TELEPHONE
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**NOTE: Most recent passport MUST be enclosed!**

U.S. PASSPORT NUMBER	ISSUE DATE Month   Day   Year	PLACE OF ISSUANCE	OCCUPATION <i>(Not Mandatory)</i>
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DEPARTURE DATE	TRAVEL PLANS <i>(Not Mandatory)</i> COUNTRIES TO BE VISITED	LENGTH OF STAY <i>(Not Mandatory)</i>
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<b>PERMANENT ADDRESS (Do not list P.O. Box)</b>			
STREET / R.F.D. #	CITY	STATE	ZIP CODE

S t a p i e  
 2" x 2"  
 S t a p i e

**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	RELATIONSHIP	

### OATH AND SIGNATURE

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, and that I have not been issued a passport subsequent to the one submitted herein.

SUBMIT TWO RECENT IDENTICAL PHOTOS WITH LIGHT, PLAIN BACKGROUND

**NOTE: APPLICANT MUST SIGN & DATE**

SIGNATURE	DATE
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**DO NOT WRITE BELOW THIS SPACE - FOR PASSPORT SERVICES USE ONLY - DO NOT WRITE BELOW THIS SPACE**

Application Approval	Evidence of Name Change <input type="checkbox"/> Marriage Cert. <input type="checkbox"/> Court Order Date _____ Place _____ From _____ To _____	Fees
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