

Name of Applicant <i>(Last, First & Middle)</i> <input style="width: 90%;" type="text"/>				Date of Birth <i>(mm/dd/yyyy)</i> <input style="width: 100%;" type="text"/>	
11. Height <input style="width: 100%;" type="text"/>	12. Hair Color <input style="width: 100%;" type="text"/>	13. Eye Color <input style="width: 100%;" type="text"/>	14. Occupation <i>(if age 16 or older)</i> <input style="width: 100%;" type="text"/>		15. Employer or School <i>(if applicable)</i> <input style="width: 100%;" type="text"/>
16. Additional Contact Phone Numbers					
<input style="width: 100%;" type="text"/>		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> _____		<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> _____		17. Permanent Address: <i>If P.O. Box is listed under Mailing Address <u>or</u> if residence is different from Mailing Address.</i> Street/RFD # or URB (No P.O. Box)			
<input style="width: 90%;" type="text"/>					Apartment/Unit <input style="width: 100%;" type="text"/>
City <input style="width: 100%;" type="text"/>			State <input style="width: 100%;" type="text"/>		Zip Code <input style="width: 100%;" type="text"/>
18. Emergency Contact - <i>Provide the information of a person not traveling with you to be contacted in the event of an emergency.</i>					
Name <input style="width: 100%;" type="text"/>		Address: Street/RFD # or P.O. Box <input style="width: 90%;" type="text"/>			Apartment/Unit <input style="width: 100%;" type="text"/>
City <input style="width: 100%;" type="text"/>		State <input style="width: 100%;" type="text"/>	Zip Code <input style="width: 100%;" type="text"/>	Phone Number <input style="width: 100%;" type="text"/>	Relationship <input style="width: 100%;" type="text"/>
19. Travel Plans					
Date of Trip <i>(mm/dd/yyyy)</i> <input style="width: 100%;" type="text"/>		Duration of Trip <input style="width: 100%;" type="text"/>		Countries to be visited <input style="width: 100%;" type="text"/>	
Please complete the following questions regarding your current passport book and/or passport card					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Has your name changed by marriage or court order since your passport book or passport card was issued?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete this section with your current information.</p> </div> <div style="width: 65%;"> <p>Current Name Last <input style="width: 100%;" type="text"/></p> <p>First Middle <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/></p> </div> </div> <p>Note: To complete a name change your submitted passport book and/or passport card must be less than one year old.</p> <p>Please submit evidence documenting your name change (such as a certified marriage certificate or court order) and your current passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions.</p>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Was your identifying information printed incorrectly in your passport book or passport card?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the information as it should appear, and check only the box(s) next to the field(s) to be corrected.</p> </div> <div style="width: 65%;"> <p><input type="checkbox"/> Name Last <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> First <input type="checkbox"/> Middle <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/></p> <p><input type="checkbox"/> Date of Birth <i>(mm/dd/yyyy)</i> <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Sex <input type="checkbox"/> Place of Birth <i>(State or Country)</i> <input type="checkbox"/> M <input style="width: 100%;" type="text"/> <input type="checkbox"/> F </p> </div> </div> <p>Please submit evidence documenting your correct identifying information (such as a certified marriage certificate or birth certificate) and your current passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions.</p>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 35%;"> <p>Was your most recent passport limited for one year or less?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please submit evidence of your United States citizenship and/or evidence of your identity.</p> </div> <div style="width: 60%;"> <p>Note: To complete a limited passport book replacement your submitted passport book must not be expired. Passport books limited in validity because of multiple losses cannot be extended.</p> <p>Please be sure to enclose your passport book along with this application to the address listed on page 2 of the instructions.</p> </div> </div>					





U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS

OMB APPROVAL NO. 1405-0020
EXPIRATION DATE: 12-31-2013
ESTIMATED BURDEN: 40 MIN

Please Print Legibly Using Black Ink Only

Attention: Read WARNING on page 1 of instructions

Please select the document(s) for which you are applying:

☐ U.S. Passport Book ☐ U.S. Passport Card ☐ Both

The U.S. passport card is **not** valid for international air travel. For more information see page 1 of instructions.

☐ 28 Page Book (Standard) ☐ 52 Page Book (Non-Standard)

Note: The 52 page option is for those who frequently travel abroad during the passport validity period and is recommended for applicants who have previously required the addition of visa pages.

1. Name Last

First

Middle

2. Date of Birth (mm/dd/yyyy)

____/____/____

3. Sex

☐ M ☐ F

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

5. Social Security Number

____-____-____

6. Email Address (e.g. my_email@domain.com)

7. Primary Contact Phone Number

____-____-____

☐ D ☐ O ☐ DP DOTS Code _____
End. # _____ Exp. _____

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

Address Line 2: **Clearly label** Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g. In Care Of - Jane Doe, Apt # 100)

City

State

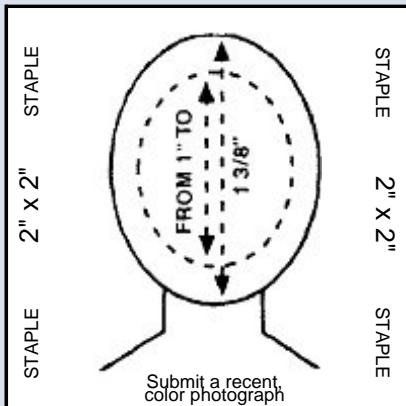
Zip Code

Country, if outside the United States

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

A. _____

B. _____



10. Passport Book and/or Passport Card Information

Your name as listed on your most recent passport book and/or passport card

Most recent passport book number

Issue date (mm/dd/yyyy)

____/____/____

Most recent passport card number

Issue date (mm/dd/yyyy)

____/____/____

11. Name Change Information Complete if name is different than last passport book or passport card

☐ Changed by Marriage

Place of Name Change (City/State)

Date (mm/dd/yyyy)

☐ Changed by Court Order

Please submit a certified copy of your marriage certificate or court order to support your name change.

CONTINUE TO PAGE 2

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

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, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on the reverse side 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 submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.

x _____

Applicant's Signature

Date

FOR ISSUING OFFICE ONLY

☐ PPT C/R ☐ PPT S/R

☐ Marriage Certificate

Date of Marriage/Place Issued:

☐ Court Order

Date Filed/Court:

From _____

To: _____

☐ Other:

☐ Attached:



For Issuing Office Only → Bk Fee _____ Cd Fee _____ EF _____ Postage _____ Other _____



* DS 82 B 12 2010 1 *