



## U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS

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

OMB Control No. 1405-0020  
Expiration Date: 06/30/2028  
Estimated Burden: 40 Minutes

## Select document(s) for which you are applying:

☐ 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 (Your name must match previous passport or name change document)

☐ 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. Email (See application status at [passportstatus.state.gov](http://passportstatus.state.gov))

## 7. Primary Contact Phone Number

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

## Address Line 2: (Include Apartment, Suite, In Care Of or Attention if applicable.)

City

State

Zip Code

Country (if outside the United States)

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

A.

B.

## 10. U.S. Passport Information

Your name as printed on your most recent U.S. passport book and/or passport card

Most recent U.S. passport book number

Book Issue date (MM/DD/YYYY)

Most recent U.S. passport card number

Card Issue date (MM/DD/YYYY)

## 11. Name Change Information Complete if name is different than last U.S. 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.

## YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW. THEN COMPLETE PAGE 2

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 an 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 statements 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 4 of the instructions to the application form.

x

Applicant's Legal Signature

Date

## FOR ISSUING OFFICE ONLY

☐ PPT BK C/R ☐ PPT BK S/R ☐ PPT CD C/R ☐ PPT CD 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 \_\_\_\_\_



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<b>Name of Applicant</b> <i>(Last, First &amp; Middle)</i> <input style="width: 70%; height: 20px;" type="text"/>				<b>Date of Birth</b> <i>(MM/DD/YYYY)</i> <input style="width: 20%; height: 20px;" type="text"/>	
<b>12. Height</b> <input style="width: 80%; height: 20px;" type="text"/>	<b>13. Hair Color</b> <input style="width: 80%; height: 20px;" type="text"/>	<b>14. Eye Color</b> <input style="width: 80%; height: 20px;" type="text"/>	<b>15. Occupation</b> <input style="width: 90%; height: 20px;" type="text"/>		<b>16. Employer or School</b> <i>(if applicable)</i> <input style="width: 90%; height: 20px;" type="text"/>
<b>17. Additional Contact Phone Numbers</b>					
<input style="width: 25%; height: 20px;" type="text"/>		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> _____		<input style="width: 25%; height: 20px;" type="text"/>	
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> _____					
<b>18. Permanent Address:</b> <i>(Complete if PO Box is listed in Mailing Address <u>or</u> if residence is different from Mailing Address. <b>Do not list a PO Box.</b>)</i>					
Street/RFD # or URB <input style="width: 75%; height: 20px;" type="text"/>				Apartment/Unit <input style="width: 15%; height: 20px;" type="text"/>	
City <input style="width: 25%; height: 20px;" type="text"/>	State <input style="width: 10%; height: 20px;" type="text"/>	Zip Code <input style="width: 15%; height: 20px;" type="text"/>	Country <input style="width: 45%; height: 20px;" type="text"/>		
<b>19. 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 <input style="width: 30%; height: 20px;" type="text"/>		Address: Street/RFD # or PO Box <input style="width: 40%; height: 20px;" type="text"/>			Apartment/Unit <input style="width: 15%; height: 20px;" type="text"/>
City <input style="width: 18%; height: 20px;" type="text"/>	State <input style="width: 8%; height: 20px;" type="text"/>	Zip Code <input style="width: 12%; height: 20px;" type="text"/>	Country <input style="width: 20%; height: 20px;" type="text"/>	Email <input style="width: 30%; height: 20px;" type="text"/>	
Phone Number <input style="width: 18%; height: 20px;" type="text"/>		Relationship To Applicant <input style="width: 25%; height: 20px;" type="text"/>			
<b>20. Travel Plans</b> <i>(If no travel plans, please write "none")</i>					
Departure Date (MM/DD/YYYY) <input style="width: 18%; height: 20px;" type="text"/>		Return Date (MM/DD/YYYY) <input style="width: 18%; height: 20px;" type="text"/>		Countries To Be Visited <input style="width: 50%; height: 20px;" type="text"/>	

# STOP!

## PLEASE BE SURE TO:

1. Print form on two separate pages
2. Sign and date on Application Page 1
3. Submit both pages (see Instruction Page 3)

