

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

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

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	l <u>—</u>		ch you are subm	_	_			
	U.S. Passport Book U.S. Passport Card Both The U.S. Passport Card is <u>not</u> valid for international air travel. See Instruction Page 3 Regular Book (Standard) Large Book (Non-Standard)							
	The large book is	,	nal travelers who need m		,			
	1. Name Last						S NFR	
						End. #		
	First			IV.	Middle			
	2. Date of Birth (MM/DD/Y	VVV)	3. Sex	4 Place	of Birth (City & S	State if in the IIS or C	City & Country as it is presently known.	1
	Z. Date of Diffi (Williams)		M F)
	5. Social Security Number		SCIS Registration	A-Number	(if applicable)	7. Email (see application	on status at passportstatus.state.gov)	
8. Mailir	ng Address Line 1: Street/RFL	D#, P.O. Box, or URB.	Also include Apartment,	Suite, etc				
Address	Line 2: (If applicant is a child, write	te "In Care Of" the pare	nt) Example: In Care Of	- Jane Doe				
City			State 2	Zip Code		Country (if outsid	le the United States)	
9. Primary	y Contact Phone Number		ames you have used. (Ex	amples: Birth Nar	ne, Maiden, Previous N	Marriage, Legal Name Ch	nange). If needed, attach additional pages.	
		A.	- CT		B.	TO DAC	- -0	
<u>a</u>		DO NOT SI	IGN APPLICAT	OP! CO	JN I INUE L REQUEST	TO PAGI	E 2————— O BY AUTHORIZED AGI	ENT
Staple		Identifying Do	ocuments -Applicant	orMother/Fat	ther/Parent/Legal	l Guardian on Seco	nd Signature Line (if identifying mi	
	(, T 1, 8, 1	Driver's Lice	ense State Issue	d ID Card	Passport	Military	Other	_
× 2"	ROM / 13/1	Nº lacua Data			Exp. Date		State of	_
2	(E	× N (mm/dd/yyyy)			(mm/dd/yyyy)		Issuance	
		ID No					untry of uance	
Staple		Identifying Do	ocuments - Applican	t or Mother/Fa	ather/Parent/Lega	al Guardian on Thir	d Signature Line (if identifying min	ıor)
σι	Attach a color photograph of applicant taken within the last six months	Briver o Elec	ense State Issue	d ID Card	Passport	Military	Other	_
		Name			Exp. Date		State of	_
Accept	cance Agent (Vice) Consul US	(mm/dd/yyyy)			(mm/dd/yyyy)		Issuance	
L	Passport Staff Agent	ID No					untry of uance	
		have no	ot performed any of t	he acts listed	Lunder "Acts or (Conditions" on page	citizen national of the United States e 4 of the instructions of this applica- cation are true and correct; 3) I have	ation
	(Seal)	knowing	gly and willfully mad	e false stater	ments or included	d false documents	in support of this application; 4); and 5) I have read and understood) the
			g on page 4 of the inst					
Cia	nature of person outhorized to accept	opplications	Date	x	Appli	cant's Legal Signa	ture - age 16 and older	_
By sig	Signature of person authorized to accept applications Date By signing this form, I certify that I have provided the verbal							
oath an	nd witnessed the applicant's/legal guard	dian's signature. ∟	Agent ID Number	x	Mother/Father/P	arent/Legal Guardi	an's Signature (if identifying minor))
	Print Facility Name/Location							
	,	_		x				
			Facility ID Number		Mother/Father/Pa	arent/Legal Guardi	an's Signature (if identifying minor))
	Name of courier company (if applications)	able)	Facility ID Number		Mother/Father/P	arent/Legal Guardi	an's Signature (if identifying minor)	

Name of Applicant (Last, First, & Middle)			Date of Birth (MM/DD/YYYY)
10. Parental Information Mother/Father/Parent - First & Middle Name	(at Parent's Birth)	Last Name (<u>at Parent's Birth</u>)	
Date of Birth (MM/DD/YYYY) Place	e of Birth (City & State if in the U.S. o	or City & Country as it is presently kn	M Yes
Mother/Father/Parent - First & Middle Name	(at Parent's Birth)	Last Name (at Parent's Birth)	F No
Date of Birth (MM/DD/YYYY) Place	e of Birth (City & State if in the U.S. o	or City & Country as it is presently kn	own) Sex U.S. Citizen? M Yes F No
	es No If yes, complete the ren		
Full Name of Current Spouse or Most Recen	t 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 b		Divorce Date DD/YYYY)
12. Additional Contact Phone Number		pation (if age 16 or older) 14.	Employer or School (if applicable)
	Home Cell Work		
15. Height 16. Hair Color 17. Eye Colo	18. Travel Plans (If no travel plans r Departure Date (MM/DD/YYYY) Re	s, please write "none") eturn Date (MM/DD/YYYY) Countries	s to be Visited
19. Permanent Address (Complete if P.O. Box	a is listed under Mailing Address or if reside	ence is different from Mailing Address. Do	not list a P.O. Box.)
Street/RFD # or URB	ў —	Ü	Apartment/Unit
City		S	tate Zip Code
20. Your Emergency Contact (Provide the			of an emergency.)
Name	Address: Street/F	RFD # or P.O. Box	Apartment/Unit
City	State Zip Code	Phone Number	Deletionality
City	State Zip Code	Filone Number	Relationship
21. Have you ever applied for or been issu	ed a U.S. Passport Book or Passpo	ort Card? Yes No If ye	s, complete the remaining items in #21.
Name printed on your most recent book	Status of Book iitting with application	Name printed on your most recent card	Status of Card
Stoler	• • • • • • • • • • • • • • • • • • • •		Submitting with application Stolen Lost In my possession (<i>if expired</i>)
If your most recent passport book/card was lost or stole			include the date and location (address/city/state/
country) of the loss/theft, if known. Please indicate whe	ether you filed a police report, and if it is availa	ible, please submit a copy. If you need more	space, continue on a separate sneet of paper.
PLEASE DO NOT V	VRITE BELOW THIS	LINE - FOR ISSUIN	G OFFICE ONLY
Name as it appears on citizenship evidence			
☐ Birth Certificate SR CR City Filed:	Issued:		
Nat. / Citz. Cert. USCIS USDC Date/Place Ad	equired: A#	Parent	
Report of Birth Filed/Place:			
Passport C/R S/R See #21 #/DOI:			
Other:			
Attached:		•11	
☐P/C of Citz ☐P/C of ID ☐DS-71 ☐DS-3053	☐ DS-64 ☐ DS-5520 ☐ DS-5525 ☐	PAW NPIC IRL Citz W/S	DS 11 C 04 2025 2

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