



# 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 C 12 2010 1 \*

Name of Applicant (Last, First & Middle) Date of Birth (mm/dd/yyyy)

12. Height    13. Hair Color    14. Eye Color    15. Occupation    16. Employer or School (if applicable)

17. Additional Contact Phone Numbers

Home  Cell  Work   Home  Cell  Work

18. Permanent Address: If P.O. Box is listed under Mailing Address **or** if residence is different from Mailing Address.

Street/RFD # or URB (No P.O. Box) Apartment/Unit  
   
City State    Zip Code

19. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.

Name Address: Street/RFD # or P.O. Box Apartment/Unit  
    
City State    Zip Code Phone Number Relationship

20. Travel Plans

Date of Trip (mm/dd/yyyy)    Duration of Trip    Countries to be visited

**STOP! YOU HAVE COMPLETED YOUR APPLICATION  
BE SURE TO SIGN AND DATE PAGE ONE**



\* DS 82 C 12 2010 2 \*