

APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0004
OMB EXPIRATION DATE: 08-31-2019

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Name of Applicant (Last, First, & Middle)	Date of Birth (mm/dd/yyyy)
40 Parantal Information	
10. Parental Information Mother/Father/Parent - First & Middle Name	Last Name (at Parent's Birth)
Date of Birth (mm/dd/yyyy) Place of Birth	Sex U.S. Citizen?
	Male Yes Female No
Mother/Father/Parent - First & Middle Name	Last Name (at Parent's Birth)
Date of Birth (mm/dd/yyyy) Place of Birth	Sex U.S. Citizen?
	Male Yes Female No
11. Have you ever been married? Yes No If yes, complete the remaining	ing items in #11.
Full Name of Current Spouse or Most Recent Spouse Da	ate of Birth (mm/dd/yyyy) Place of Birth
U.S. Citizen? Date of Marriage Have you ever been v	widowed or divorced? Widow/Divorce Date No (mm/dd/yyyy)
	n (if age 16 or older) 14. Employer or School (if applicable)
Home Cell	in (in age 70 or order)
18. Travel Plans	
	Date (mm/dd/yyyy) Countries to be Visited
19. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is	
Street/RFD # or URB (No P.O. Box)	Apartment/Unit
City	State Zip Code
20. Emergency Contact - Provide the information of a person not traveling with you to Name Address: Street/RFD #	
radios. Shouth 2 /	, or r.o. Box
City State Zip Code	Phone Number Relationship
21. Have you ever applied for or been issued a U.S. Passport Book or Passport C Name as printed on your most recent passport book Most recent passport	ard? Yes No If yes, complete the remaining items in #21. sport book number Most recent passport book issue date (mm/dd/yyyy)
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Nat. / Citz. Cert. USCIS USDC Date/Place Acquired: A#	
Report of Birth Filed/Place: Passport C/R S/R Per PIERS #/DOI:	
Other:	
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DS-11 06-2016 Page 2 of 2