



U.S. Department of State
U.S. PASSPORT RE-APPLICATION FORM

OMB APPROVAL NO. 1405-0160
EXPIRATION DATE: 08-31-2008
ESTIMATED BURDEN: 30 Minutes
(See Instruction Page 3)

WARNING: False statements made knowingly and willfully in passport applications, including affidavits or other supporting documents submitted therewith, are punishable by fine and/or imprisonment under provisions of 18 U.S.C. 1001, 18 U.S.C. 1542 and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification.

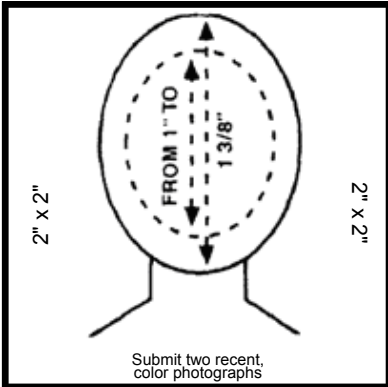
When completing this form, PRINT IN BLUE OR BLACK INK ONLY

<input type="checkbox"/> 5 Yr.	<input type="checkbox"/> 10 Yr.	Issue Date _____
<input type="checkbox"/> R	<input type="checkbox"/> D	<input type="checkbox"/> O <input type="checkbox"/> DP
End. Number _____		Exp. _____

1. Name of Applicant			
Last		Suffix (Jr., Sr., III)	
First		Middle	
2. Date of Birth <i>(mm-dd-yyyy)</i>	3. Sex	4. Place of Birth <i>(City and State OR City and Country)</i>	5. Social Security Number <i>(See Federal Tax Law Notice on Instruction Page 3)</i>
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

6. Height	7. Hair Color	8. Eye Color	9. Occupation	10. Employer
Feet _____ Inches _____				

11. E-Mail Address <i>(Optional)</i>		12. Mailing Address	
		Street / RFD # <u>OR</u> Post Office Box	
		Apartment #	
		City	State
		ZIP Code	
		Country <i>(If outside the U.S.)</i>	In Care of <i>(If applicable)</i>



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13. Permanent Address or Residence <i>(If same as mailing address write "Same as Above")</i>		
Street / RFD # <i>(DO NOT LIST P.O. BOX)</i>		Apartment #
City	State	ZIP Code
14. Home Telephone <i>(Include Area Code)</i>		15. Business Telephone <i>(Include Area Code)</i>
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16. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.

Name		
Street / RFD #		Apartment #
City	State	ZIP Code
Telephone ()	E-mail Address <i>(Optional)</i>	Relationship

17. Travel Plans		
Date of Trip <i>(mm-dd-yyyy)</i>	Length of Trip	Countries to be Visited

18. Current U.S. Passport Information	
Name - As printed in your most recent U.S. passport	Date your most recent U.S. passport was issued <i>(mm-dd-yyyy)</i>
Most Recent U.S. Passport Number <i>(Passport must be submitted with this application)</i>	Place your most recent U.S. passport was issued

NAME OF APPLICANT (Last, First, Middle)	Date of Birth (mm-dd-yyyy)
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Please complete the following questions.

19. Has your name changed since your most recent passport was issued? YES NO **If yes, complete Section A below.**
20. Was your identifying information printed incorrectly in your passport? YES NO **If yes, complete Section B below.**
21. Was your most recent passport limited for one year and/or issued abroad? YES NO **If yes, submit citizenship evidence. Sign and date below.**

SECTION A - NAME CHANGES (Submit original or certified documents only)

CHANGE NAME TO READ AS FOLLOWS:

Last	
First / Middle	
WAS YOUR NAME CHANGED BY MARRIAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give date of marriage.	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> Date (mm-dd-yyyy)

What was your spouse's full name at their time of birth?

Last	
First / Middle	
WAS YOUR NAME CHANGED BY COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give date of court order.	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> Date (mm-dd-yyyy)
What was the name of the court?	
Where was the court located? (City, State)	

SECTION B - PERSONAL INFORMATION CORRECTIONS (Submit original or certified documents only)

ATTENTION: COMPLETE ONLY THE SECTIONS THAT WERE PRINTED INCORRECTLY IN YOUR RECENTLY ISSUED U.S. PASSPORT.

Name			
Last	Suffix (Jr., Sr., III)	First	Middle
Date of Birth (mm-dd-yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth (City & State OR City & Country)	

OATH AND SIGNATURE

I declare under penalty of perjury that I am a United States citizen (or non-citizen national) and have not, since acquiring United State citizenship (or U.S. nationality), performed any of the acts listed under "Acts or Conditions" on the reverse of this application form (unless explanatory statement is attached). I declare under penalty of perjury that the statements made on this application are true and correct.

_____ Date (mm-dd-yyyy) _____ Signature of Applicant

FOR PASSPORT SERVICES USE ONLY

<input type="checkbox"/> Evidence _____ <input type="checkbox"/> Name Change _____ <input type="checkbox"/> Rewrite / Reissue _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Endorsement No. _____ <input type="checkbox"/> Limit To _____	- Adjudication Notes - 	<div style="border: 1px dashed black; height: 150px; margin-bottom: 10px;"></div> <p style="text-align: center; margin-bottom: 5px;">APPLICATION APPROVAL</p> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> FEE _____ EF _____ OTHER _____ </div>
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