



APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB APPROVAL NO. 1405-0004
EXPIRATION DATE: 12-31-2013
ESTIMATED BURDEN: 85 MIN

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

DOE MR

First

JOHN

Middle

JAMES

2. Date of Birth (mm/dd/yyyy)

03 03 1973

3. Sex

M F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.)

MAINVILLE, MD

5. Social Security Number

000 00 0000

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.

1 MAIN STREET

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)

JOHN DOE

City

MAINVILLE

State

MD

Zip Code

20902

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. Parental Information

Mother/Father/Parent - First & Middle Name

Last Name (at Parent's Birth)

BILL JAMES

DOE

Date of Birth (mm/dd/yyyy)

03/03/1953

Place of Birth

MAINVILLE

Sex

Male Yes
 Female No

U.S. Citizen?

Mother/Father/Parent - First & Middle Name

Last Name (at Parent's Birth)

MARY MARIE

DOE

Date of Birth (mm/dd/yyyy)

03/03/1954

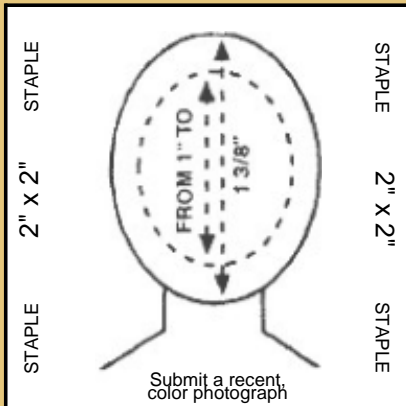
Place of Birth

MAINVILLE

Sex

Male Yes
 Female No

U.S. Citizen?



CONTINUE TO PAGE 2 →

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

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.

Applicant's Legal Signature - age 16 and older

Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

Acceptance Agent (Vice) Consul USA Passport Staff Agent

Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)

Driver's License Issue Date _____ Exp. Date _____ Place of Issue _____

Passport

Military Name _____

Other _____ ID No _____

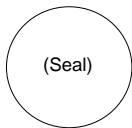
Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)

Driver's License Issue Date _____ Exp. Date _____ Place of Issue _____

Passport

Military Name _____

Other _____ ID No _____



Facility Name/Location

Facility ID Number

Agent ID Number

Signature of person authorized to accept applications

Date

For Issuing Office Only → Bk _____ Card _____ Execution _____ EF _____ Postage _____ Other _____



* DS 11 B 12 2010 1 *

Name of Applicant (Last, First & Middle) **Date of Birth (mm/dd/yyyy)**
 DOE MR, JOHN JAMES 03/03/1973

11. Height **12. Hair Color** **13. Eye Color** **14. Occupation (if age 16 or older)** **15. Employer or School (if applicable)**
 6ft. 0in. Brown Brown DOCTOR HOSPITAL

16. Additional Contact Phone Numbers

Home Cell Work _____

17. 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
 1 MAIN STREET

City State Zip Code
 MAINVILLE MD 20902

18. 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
 JANE DOE 1 MAIN STREET

City State Zip Code Phone Number Relationship
 MAINVILLE MD 20902 555-555-5555 WIFE

19. Travel Plans

Date of Trip (mm/dd/yyyy) Duration of Trip Countries to be Visited
 03/03/2013 3 WEEKS NEW ZEALAND

20. Have you ever been married? Yes No *If yes, complete the remaining items in #20.*

Full Name of Current Spouse or Most Recent Spouse Date of Birth (mm/dd/yyyy) Place of Birth U.S. Citizen?
 JANE DOE 03/03/1974 MAINVILLE Yes No

Date of Marriage (mm/dd/yyyy) Have you ever been widowed or divorced? Date (mm/dd/yyyy)
 03/03/2002 Yes No

21. Have you ever applied for or been issued a U.S. Passport Book? Yes No *If yes, complete the remaining items in #21*

Name as printed on your most recent passport book Most recent passport book number
 _____ _____

Status of your most recent passport book Date most recent passport book was issued or approximate date you applied (mm/dd/yyyy)
 Submitting with application Stolen Lost In my possession (if expired) _____

22. Have you ever applied for or been issued a U.S. Passport Card? Yes No *If yes, complete the remaining items in #22*

Name as printed on your most recent passport card Most recent passport card number
 _____ _____

Status of your most recent passport card Date most recent passport card was issued or approximate date you applied (mm/dd/yyyy)
 Submitting with application Stolen Lost In my possession (if expired) _____

PLEASE DO NOT WRITE BELOW THIS LINE

FOR ISSUING OFFICE ONLY

Sole Parent

Name as it appears on citizenship evidence _____

Birth Certificate SR CR City Filed: Issued:

Report of Birth 240 545 1350 Filed/City:


Nat. / Citiz. Cert. Date/Place Acquired: A#

Passport C/R S/R Per PIERS #/DOI:

Other:

Attached:

P/C of ID DS-3053 DS-64 Bio Quest Citiz W/S DS-10 DS-86 DS-71 DS-60



* DS 11 B 12 2010 2 *