

## APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

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

,	Please Print Legibly Using Black Ink Unity									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  The U.S. passport ard is not valid for international air travel. For more information see page 1 of instructions.  Regular Book (Standard)  Note: The large book 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.																										
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	2. Date of Birth (mm/dd/yyyy)						Martinez						California						City & Country as it is presently known.)								
	0 2 1 0 1 9 6 1 x								Martinez, California							"state" of the Union											
	5. Social Security Number						6. Email (Info alerts offered at travel.state.gov)								<u>ov</u> )	7. Primary Contact Phone Number											
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POE	3OX 12	234																									
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9. List all	other nam	es you	have	used.	(Exar	nples:	Birth I	Nam	e, Ma	iden,	Previ	ious	Mari	riage,	Legal	Name	Ch	nange	. Atta	ach ad	dditic	onal	page	s if ne	eded)		
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	Passport Sta	iff Agent			ID N	0													C	Country	of						
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 page four of the instructions 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 attached to 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.																											
All Rights Reserved without Prejudice, Non- Assumptsit 28 USC 1											JU 11	<del>+</del> 0(1)															
Name of courier company (if applicable)  Facility ID Number								XApplicant's Legal Signature - age 16 and older																			
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Facility Name/Location											Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)																
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Signature of person authorized to accept applications  Date																											
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Name of Applicant (Last, First, & Middle)  Date of Birth (mm/dd/yyyy)											
Doe, Jane Marie "state Citizen/U.S.A.national 8 USC 1101(a)(21)	02/10/1961										
10. Parental Information Last Name (at Parent's Birth)											
Mother/Father/Parent - First & Middle Name											
Mario Jose Doe											
Date of Birth (mm/dd/yyyy) Place of Birth  O 7 0 2 1 0 2 6 Novy Maxico "atata"	Sex U.S. Citizen?  X Male Yes										
0 7 0 2 1 9 2 6 New Mexico "state"	Female X No										
Mother/Father/Parent - First & Middle Name  Last Name (at Parent's Birth)  M a r i a J e r a m i e T r u m n											
Date of Birth (mm/dd/yyyy) Place of Birth	Sex U.S. Citizen?										
1 0 2 3 1 9 3 2 California "State"											
11. Have you ever been married?  Yes No If yes, complete the remaining items in #11.  Full Name of Current Spouse or Most Recent Spouse  Date of Birth (mm/dd/yyyy)	Place of Birth										
U.S. Citizen? Date of Marriage Have you ever been widowed or divorced? Widow/Div	vorce Date										
Yes No (mm/dd/yyyy)  Yes No (mm/dd/yyyyy)											
	nployer or School (if applicable)										
18. Travel Plans 15. Height 16. Hair Color 17. Eve Color Deporture Data (mm/dd/sees) Potture Data (mm/dd/sees) Countries to	o ha Vinitad										
15. Height 16. Hair Color 17. Eye Color Departure Date (mm/dd/yyyy) Return Date (mm/dd/yyyy) Countries to be Visited											
6'1 Brown Blue April 20, 2017 June 10, 2017 Jamaica											
<b>19. Permanent Address -</b> If P.O. Box is listed under Mailing Address <u>or</u> if residence is different from Mailing Address. Street/RFD # or URB ( <b>No P.O. Box</b> )	Apartment/Unit										
NON-DOMICILED 1 2 3 Sunset Road											
City	te Zip Code										
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20. 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										
21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? Yes No If yes, complete the remaining items in #21.											
Name as printed on your most recent passport book  Most recent passport book number  Most recent	passport book issue date (mm/dd/yyyy)										
DOE, JANE, MARIE 1234567 12/ 23/	2000										
Status of your most recent passport book: Submitting with application Stolen In my possession (if	f expired)										
Name as printed on your most recent passport card  Most recent passport card number  Most recent passport card number	passport card issue date (mm/dd/yyyy)										
Status of your most recent passport card: X Submitting with application Stolen Lost In my possession (if expired)											
PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING	OFFICE ONLY										
Name as it appears on citizenship evidence											
☐ Birth Certificate SR CR City Filed: Issued:											
Nat. / Citz. Cert. USCIS USDC Date/Place Acquired: A#											
Report of Birth Filed/Place:	i										
Passport C/R S/R Per PIERS #/DOI:											
Other:											
Attached:											
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