

## U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS OMB APPROVAL NO. 1405-0020 EXPIRATION DATE: 12-31-2013 ESTIMATED BURDEN: 40 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 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	D DP DOTS Code
	End. # Exp.
First Middle	
Date of Birth (mm/dd/yyyy)     3. Sex	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
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  City State Zip Code  9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name	Country, if outside the United States
A. B.  10. Passport Book and/or Passport Card Information	
Your name as listed on your most recent passport book and Most recent passport book number  Most recent passport card number  Most recent passport card number	Issue date (mm/dd/yyyy)  Issue date (mm/dd/yyyy)
11. Name Change Information Complete if name is different Changed by Marriage Place of Name Change (City/State Changed by Court Order Please submit a certified copy of your marriage certificate	e) Date (mm/dd/yyyy)
CONTINUE TO PAGE 2	
YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATION IN THE DESIG	If have not, since acquiring U.S. citizenship or nationality, y statement is attached); 2) the statements made on the uments in support of this application; 4) the photograph
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	* DS 82 C 12 2010 1 *

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)  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 of Applicant (Last, First & Middle)					Date of Birth (mm/dd/yyyy)		
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)  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.	12. Height 1	3. Hair Color	14. Eye Color	15. Occupation	16. Emp	loyer or School (if appl	icable)	
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)  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.	17. Additional Co	ontact Phone Number	ers					
Street/RFD # or URB (No P.O. Box)  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.								
19. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.			is listed under Mailing Addres	ss <u>or</u> if residence is different fro	m Mailing Address.	Apartment/Uni	t	
	City				State	Zip Code		
Name Address: Street/RFD # or P.O. Box Apartmen	19. Emergency (	Contact - Provide the	e information of a person not	traveling with you to be contact	ed in the event of an eme	rgency.		
	Name		Addre	ss: Street/RFD # or P.O. Box		Apartmen	t/Unit	
City State Zip Code Phone Number Relationship	City		State Zip	Code Phone Nu	ımber Re	elationship		
20. Travel Plans  Date of Trip (mm/dd/yyyy) Duration of Trip Countries to be visited			f Trip Countr	ies to be visited				

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



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