



# 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

First

DAVID

Middle

JOHN

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

11 19 1990

3. Sex

M  F

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

SAN DIEGO, CA

5. Social Security Number

000 00 0000

6. Email Address (e.g. my\_email@domain.com)

JOHN.D.DOE@US.ARMY.MIL

7. Primary Contact Phone Number

123 456 7890

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

USAG VICENZA PASSPORT OFFICE BDLG 393

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)

VIALE DELLA PACE 193

City State Zip Code Country, if outside the United States

VICENZA

36100

ITALY

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)

MOM JANE

SMITH

Date of Birth (mm/dd/yyyy)

08/14/1964

Place of Birth

SAN DIEGO CA

Sex U.S. Citizen?

Male  Yes  
 Female  No

Mother/Father/Parent - First & Middle Name

DAD JOE

Last Name (at Parent's Birth)

DOE

Date of Birth (mm/dd/yyyy)

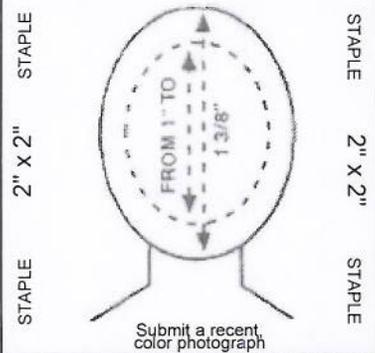
01/26/1966

Place of Birth

LOS ANGELES CA

Sex U.S. Citizen?

Male  Yes  
 Female  No



CONTINUE TO PAGE 2

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

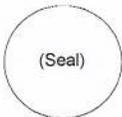
I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on the reverse side of this application (unless explanatory 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.

**SIGN IN FRONT OF AGENT**  
x Applicant's Legal Signature - age 16 and older

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

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

Acceptance Agent  (Vice) Consul USA  Passport Staff Agent



Facility Name/Location

Signature of person authorized to accept applications

Date

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 ID Number

Agent ID Number

For Issuing Office Only → BK Card Execution EF Postage Other



\* DS 11 B 12 2010 1 \*

Name of Applicant (Last, First & Middle) **DOE, DAVID JOHN** Date of Birth (mm/dd/yyyy) **11/19/1990**

11. Height **5ft. 7in.** 12. Hair Color **Black** 13. Eye Color **Brown** 14. Occupation (if age 16 or older) **US ARMY SOLDIER** 15. Employer or School (if applicable) **US ARMY**

16. Additional Contact Phone Numbers

Home Work Cell Home Work Cell

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) **CMR 427 BOX 0000** Apartment/Unit

City **APO** State **AE** Zip Code **09630**

18. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.

Name **JAMIE DOE** Address: Street/RFD # or P.O. Box **CMR 427 BOX 0000** Apartment/Unit

City **APO** State **AE** Zip Code **09630** Phone Number **123456789** Relationship **SPOUSE**

19. Travel Plans

Date of Trip (mm/dd/yyyy) Duration of Trip Countries to be Visited

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?  Yes  No

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

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

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

**PLEASE DO NOT WRITE BELOW THIS LINE**

Sole Parent **FOR ISSUING OFFICE ONLY**

Name as it appears on citizenship evidence \_\_\_\_\_

Birth Certificate SR CR City Filed: Issued:

Report of Birth 240 545 1350 Filed/City:

Nat. / Citz. 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  Citz W/S  DS-10  DS-86  DS-71  DS-60

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