



U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS

OMB APPROVAL NO. 1405-0020
EXPIRATION DATE: 12-31-2013
ESTIMATED BURDEN: 40 MIN

Please Print Legibly Using Black Ink Only

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

DAVID

First

JOE

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

D O DP DOTS Code

End. #

Exp.

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

USAG VICENZA PASSPORT OFFICE BLDG 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

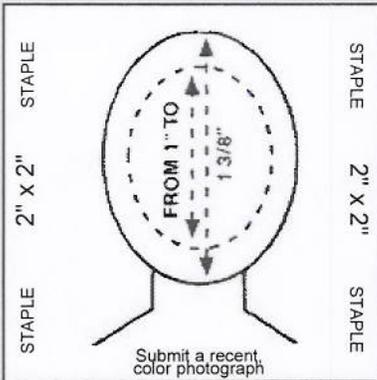
36100

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.



Submit a recent color photograph

10. Passport Book and/or Passport Card Information

Your name as listed on your most recent passport book and/or passport card

JOHN DAVID DOE

Most recent passport book number

000000000

Issue date (mm/dd/yyyy)

01/21/2008

Most recent passport card number

Issue date (mm/dd/yyyy)

11. Name Change Information Complete if name is different than last passport book or passport card

- Changed by Marriage Place of Name Change (City/State) Date (mm/dd/yyyy)
- Changed by Court Order

Please submit a certified copy of your marriage certificate or court order to support your name change.

CONTINUE TO PAGE 2

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

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.

x SIGN IN FRONT OF AGENT
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 Bk Fee Cd Fee EF Postage Other

* DS 82 B 12 2010 1 *

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

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

17. Additional Contact Phone Numbers
 Home Cell Home Cell
 Work Work

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) Apartment/Unit
CMR 427 BOX 0000
City State Zip Code
APO AE 09630

19. 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
JAMIE DOE CMR 427 BOX 0000
City State Zip Code Phone Number Relationship
APO AE 09630 123-456-7890 SPOUSE

20. Travel Plans
Date of Trip (mm/dd/yyyy) Duration of Trip Countries to be visited

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

