



# APPLICATION FOR A U.S. PASSPORT

## NAME CHANGE, DATA CORRECTION, AND LIMITED PASSPORT BOOK REPLACEMENT

*Please Print Legibly Using Black Ink Only*

OMB APPROVAL NO. 1405-0160  
EXPIRATION DATE: 12-31-2013  
ESTIMATED BURDEN: 30 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 \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

**2. Date of Birth** (mm/dd/yyyy) \_\_\_\_\_

**3. Sex**     M     F

**4. Place of Birth** (City & State if in the 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** \_\_\_\_\_

D     O     DP    DOTS Code \_\_\_\_\_

End. # \_\_\_\_\_ Exp. \_\_\_\_\_

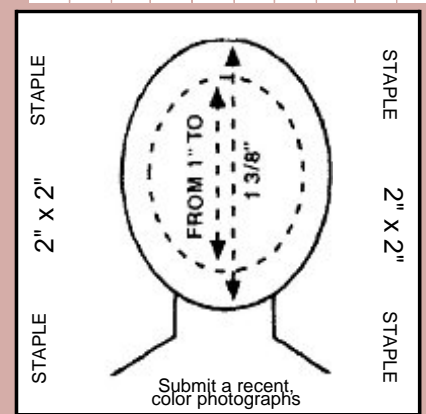
**8. Mailing Address:** Line 1: Street/RFD#, P.O. Box, or URB. \_\_\_\_\_

Address Line 2: **Clearly label** Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g. In Care Of - Jane Doe, Apt # 100) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ 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. Passport Book and/or Passport Card Information**

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

Most recent passport book number \_\_\_\_\_ Book Issue Date (mm/dd/yyyy) \_\_\_\_\_

Most recent passport card number \_\_\_\_\_ Card Issue Date (mm/dd/yyyy) \_\_\_\_\_

**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 \_\_\_\_\_  
Applicant's Signature - age 16 and older

x \_\_\_\_\_  
Parent's/Legal Guardian's Signature

\_\_\_\_\_ Date

**FOR ISSUING OFFICE ONLY**

Name Change     Replacement     Correction: LName FName MName DOB Sex POB Other

From: \_\_\_\_\_

To: \_\_\_\_\_


BC    Nat/Citz Cert    Report of Birth    Prev PPT    MC    Adoption C/O    NC C/O    PIERS    Other

Filed/Issued/Place: \_\_\_\_\_ Doc #: \_\_\_\_\_

Other: \_\_\_\_\_

Attached: \_\_\_\_\_

EF \_\_\_\_\_ Postage \_\_\_\_\_ Other \_\_\_\_\_

  
 \* DS 5504 A 12 2010 1 \*

**Name of Applicant** (Last, First & Middle) **Date of Birth** (mm/dd/yyyy)

\_\_\_\_\_

<b>11. Height</b>	<b>12. Hair Color</b>	<b>13. Eye Color</b>	<b>14. Occupation</b> (if age 16 or older)	<b>15. Employer or School</b> (if applicable)
_____	_____	_____	_____	_____

**16. Additional Contact Phone Numbers**

_____	<input type="checkbox"/> Home <input type="checkbox"/> Cell	_____	<input type="checkbox"/> Home <input type="checkbox"/> Cell
_____	<input type="checkbox"/> Work <input type="checkbox"/> _____	_____	<input type="checkbox"/> Work <input type="checkbox"/> _____

**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

\_\_\_\_\_ \_\_\_\_\_

City State Zip Code

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**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

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

City State Zip Code Phone Number Relationship

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**19. Travel Plans**

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

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**Please complete the following questions regarding your current passport book and/or passport card**

**Has your name changed by marriage or court order since your passport book or passport card was issued?**

Yes  No

If yes, please complete this section with your current information.

**Current Name** Last \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

**Note: To complete a name change your submitted passport book and/or passport card must be less than one year old.**

Please submit evidence documenting your name change (such as a certified marriage certificate or court order) and your current passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions.

**Was your identifying information printed incorrectly in your passport book or passport card?**

Yes  No

If yes, please complete the information as it should appear, and **check only the box(s) next to the field(s) to be corrected.**

**Name** Last \_\_\_\_\_

First \_\_\_\_\_  Middle \_\_\_\_\_

**Date of Birth** (mm/dd/yyyy) \_\_\_\_\_  **Sex**  M  F  **Place of Birth** (State or Country) \_\_\_\_\_

Please submit evidence documenting your correct identifying information (such as a certified marriage certificate or birth certificate) and your current passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions.

**Was your most recent passport limited for one year or less?**

Yes  No

If yes, please submit evidence of your United States citizenship and/or evidence of your identity.

**Note: To complete a limited passport book replacement your submitted passport book must not be expired. Passport books limited in validity because of multiple losses cannot be extended.**

**Please be sure to enclose your passport book along with this application to the address listed on page 2 of the instructions.**

