

**WHAT DO I SEND WITH THIS APPLICATION FORM?**

1. Your most recent US passport
2. A marriage certificate or court order if your name has changed
3. Fee of \$67 (If requesting expedited service, the total fee will be \$127)
4. Two recent, color photographs

See below for more detailed information.

1. **YOUR MOST RECENT US PASSPORT.** Issued at age 16 or older in your current name (or see item #2 below) and issued within the past 15 years. If your US passport is damaged, you must apply on the DS-11 Application form as specified below.
2. **A MARRIAGE CERTIFICATE OR COURT ORDER.** If the name you are currently using differs from the name on your most recent passport, you must submit a marriage certificate or court order showing the change of name. The name change document MUST bear the official seal of the issuing authority. Uncertified copies or notarized documents cannot be accepted. All documents will be returned to you with your passport. If you are unable to document your name change in this manner, you must apply on the DS-11 Application form by making a personal appearance at (1) a passport agency; (2) any Federal or State court of record or any probate court accepting passport applications; or (3) a Post Office which has been selected to accept passport applications.
3. **THE FEE OF \$67.** Enclose the \$67 fee in the form of a personal check or money order. **MAKE CHECKS PAYABLE TO "DEPARTMENT OF STATE," THE FULL NAME AND DATE OF BIRTH OF THE APPLICANT MUST BE TYPED OR PRINTED ON THE FRONT OF THE CHECK. DO NOT SEND CASH.** Passport Services cannot be responsible for cash sent through the mail. By law, the fees are non-refundable.  
*For faster processing, you may request expedited service. Expedited requests will be processed in three workdays from receipt at a passport agency. The additional fee for expedited service is \$60. The additional fee for expedited service is \$60. Therefore, if you choose to request expedited service the total cost of your US passport will be \$127. Expedited service is available only in the United States.*

If you desire **SPECIAL POSTAGE SERVICE** (overnight mail, special delivery, etc.) include the appropriate postage fee on the check or include a pre-paid envelope.

4. **TWO RECENT, COLOR PHOTOGRAPHS.** Submit two color photographs of you alone, sufficiently recent to be a good likeness of you (normally taken within the last six months), and 2x2 inches in size. The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch and not more than 1 3/8 inches. The photographs must be color, clear, with a full front view of your face, and printed on thin paper with plain light (white or off-white) background. They must be capable of withstanding a mounting temperature of 225 Fahrenheit (107 Celsius). Photographs must be taken in normal street attire, without a hat, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Photographs retouched so that your appearance is changed are unacceptable. Snapshots, most vending machine prints, and magazine or full-length photographs are unacceptable. Digitized photos must meet the previously stated qualifications and will be accepted for use at the discretion of Passport Services. (Visit our website for details.)

**NOTE:** If you choose to provide your e-mail address in Item #15 on this application, Passport Services will only use that information to contact you in the event there is a problem with your application or if you need to provide additional information to us.

**WHERE DO I MAIL THIS APPLICATION?**

<b>MAIL THIS FORM TO:</b>	<b>DELIVERY - Other Than US Postal Service:</b>	<b>FOR INQUIRIES CONTACT:</b>
National Passport Center Post Office Box 371971 Pittsburgh, PA 15250-7971	Passport Service Lockbox Attn: Passport Supervisor, 371971 500 Ross Street, Room 154-0670 Pittsburgh, PA 15262-0001	National Passport Information Center 1-877-487-2778 For TDD: 1-888-874-7793 E-mail: NPIC@state.gov Website: travel.state.gov



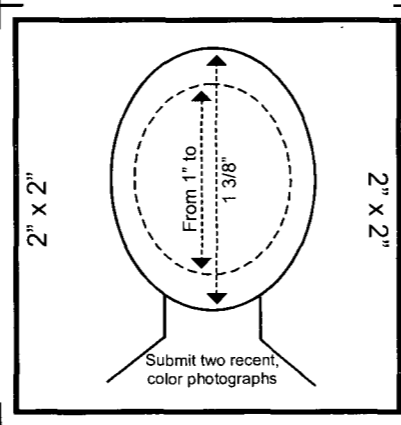
US DEPARTMENT OF STATE  
**APPLICATION FOR A US PASSPORT BY MAIL**

OMB APPROVAL NO. 1405-0020  
EXPIRES: 06/30/2005  
ESTIMATED BURDEN: See Instruction Page 3

**WARNING:** False statements made knowingly and willfully in passport applications including affidavits or other supporting documents submitted therewith, are punishable by fine and/or imprisonment under the provisions of 18 USC 1001, 18 USC 1542 and/or 18 USC 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 USC 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 USC 1544. All statements and documents are subject to verification.

Issue Date
<input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/> O <input type="checkbox"/> DP
End. # _____ Exp. _____

<b>1. Name of Applicant</b>					
Last		Suffix (Jr., Sr., III)			
First		Middle			
<b>2. Date of Birth</b> (mm/dd/yyyy)			<b>3. Sex</b>		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>4. Place of Birth</b> (City & State <u>OR</u> City & Country)			<b>5. Social Security Number</b> (See Federal Tax Law Notice on Instruction Page 3)		
<b>6. Height</b>		<b>7. Hair Color</b>	<b>8. Eye Color</b>	<b>9. Occupation</b>	<b>10. Employer</b>
Feet    Inches					
<b>11. Mail My New Passport To:</b>					
Street / RFD # <u>OR</u> Post Office Box				Apartment #	
City		State		Zip Code	
Country (If outside the US)			In Care of (if applicable)		
<b>12. Permanent Address or Residence</b> (If same as mailing address write "Same As Above")					
Street / RFD # (DO NOT LIST P.O. BOX)				Apartment #	
City		State		Zip Code	
<b>13. Home Telephone</b> (Include Area Code)		<b>14. Business Telephone</b> (Include Area Code)		<b>15. E-Mail Address</b> (Optional)	
( )		( )			



**STOP** You must submit your most recent US passport with this form! If you cannot submit your most recent US passport, apply on Form DS-11, Application For A US Passport.

<b>16. Passport Information</b>	
Name in which most recent passport was issued	
Most recent US passport number	Issue date of most recent US passport

<b>NAME OF APPLICANT</b> (Last, First, Middle)	<b>Date of Birth</b> (mm/dd/yyyy)
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<b>17. Travel Plans</b>		
Date of Trip (mm/dd/yyyy)	Length of Trip	Countries to be Visited

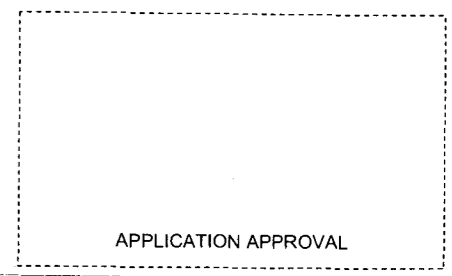
<b>18. Emergency Contact</b> —Provide the information of a person not traveling with you to be contacted in the event of an emergency.			
Name		Street / RFD #	
Apartment #	City	State	Zip Code
Telephone ( )		E-mail Address (Optional)	Relationship

**NOTE:** You must sign and date the application in the designated area below!

<b>19. Oath &amp; Signature</b>	
I declare under penalty of perjury that I am a United States citizen and have not, since acquiring United States citizenship, performed any of the acts listed under "Acts or Conditions" on the reverse of this application form (unless explanatory statement is attached). I solemnly swear (or affirm) that the statements made on this application are true and correct and the photograph attached is a true likeness of me.	
X _____	_____
Applicant's Signature	Date

**DO NOT WRITE BELOW — FOR PASSPORT SERVICES USE ONLY — DO NOT WRITE BELOW**

<b>Evidence of Name Change</b>	
<input type="checkbox"/> Marriage Certificate	
<input type="checkbox"/> Court Order	
Document Issue Date	_____
Place of Issue	_____
Issuing Office/Court	_____
Previous Name	_____
Current Name	_____



FEE \_\_\_\_\_ EXEC. \_\_\_\_\_ EF \_\_\_\_\_ OTHER \_\_\_\_\_