		Use		LICATION	epartment of State FOR A U.S. PA error, complete a ne		OMB Control No. 1405-0004 Expiration Date: 04/30/2025 Estimated Burden: 85 Minutes		
	Select			h you are submit	•				
	U.S. Pa The U.S. p Reg	assport B bassport card i gular Book (	ook	ard 🛛 Both	Fill out the application from the perspective of the applicant (yourself, your child, etc.)				
	1. Name Last								
						DOO	S NFR		
				-	N 41 -1 -11 -	End. #	Exp		
	First	Make s	ure SSN is		Middle		Minor applicants should list		
		correct					parents' phone number.		
	2. Date of Birth				e1) 4. Place of Birth (City &	State if in the U.S. or			
		$\top$	MF	Changing gender marker Yes	?		7		
	5. Social Securit	Number	6.	Email (See applicati	on status at passportstatus.	state.gov) <b>7. Prim</b>	Contact Phone Number		
					, ,				
				Ant/Suite nur	nhar hara. Far mina				
8. Mailing Address Line 1: Street/RFD#, P.O. Box, or UF "In Care of (Parent's name)"									
				In Care of (P	arent's name)"				
Addres	s Line 2: (Include Apar	rtment, Suit	e, etc. If applica	nt is a m	Care Or or the parent.	<del>xample</del> : In Care (	Of - Jane Doe)		
City				State	Zip Code	Country	(if outside the United States)		
Only				otate	Lip oode	Country, (			
9. List	t all other names you l	have used	. (Examples: Birl	th Name, Maiden, P	revious Marriage, Legal N	lame Change. At	tach additional pages if needed.)		
Δ				1	В.				
	DO NOT A			STC	P! CONTINU				
Щ	Agent wil	ll attach c	during appt.				SO BY AUTHORIZED AGENT		
STAPLE			Identifying Do				ond Signature Line (if identifying minor)		
S S	19	ς π	Driver's Licer	se State Issued	D Card Passport	Military	Other		
5"	3/8		Name			DO NOT	FILL OUT THIS SECTION.		
×	WO	2" ×	Issue Date		Exp. Date	DO NOT	SIGN APPLICATION.		
5	- \ <u>\</u> ≞₽ _ / .	/ Ñ	(mm/dd/yyyy)		(mm/dd/yyyy)				
			ID No				ountry of		
μ		S							
STAPLE		STAPLE					ird Signature Line (if identifying minor)		
S,	Attach a color photogra taken within the last six m	apri	Driver's Licer	se State Issued	D Card Passport	Military	Other		
			Name						
Acce	eptance Agent (Vice) C	Consul USA	Issue Date (mm/dd/yyyy)		Exp. Date (mm/dd/yyyy)		State of Issuance		
	Passport Staff Agent								
			ID No			Is	ountry of		
			l declare	e under penalty of perj	ury all of the following: 1) I	am a citizen or non-	-citizen national of the United States and ge 4 of the instructions of this application		
	(Seal)		(unless e	explanatory statement	s attached); 2) the statemer	its made on the appl	ication are true and correct; 3) I have not s in support of this application; 4) the		
			photogra	aph attached to this ap	plication is a genuine, currections to the application form	ent photograph of me	e; and 5) I have read and understood the		
			warning	on page 4 of the matri					
					x				
S	Signature of person authorized t	to accept appli	cations	- Apr	Applicant's Legal Signature - age 16 and older				
	By signing this form, I certify that I have provided the verbal								
oath	and witnessed the applicant's/le	egal guardian's	signature.	Agent ID Number	Mother/Father/	Parent/Legal Guard	dian's Signature (if identifying minor)		
	Print Facility Name/Lo	ocation		Easil/trailD_N	x				
				Facility ID Number	Mother/Father/	Parent/Legal Guard	dian's Signature (if identifying minor)		
	Name of courier company	y (if applicable)							
For Issuing	g Office Only —→ Bk	Car	rd EF _	Postage	Execution Oth	ier	DS 11 C 03 2022 1		

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Name of Applicant (Last, First, & Middle)	Date of Birth (mm/dd/yyyy)							
10. Parental Information								
Mother/Parent - First & Middle Name ( <u>at Parent's Birth</u> ) Last Name ( <u>at Parent's Birth</u> )								
This section must be complete for all applicants. If you don't	t know							
Date of Birth (mm/dd/yyyy) something, refer to your birth certificate to complete to the	best of U.S. Citizen?							
your ability. This section asks for the applicants' parental inf	ormation Yes							
Mother/Father/Parent - First & Middle Nar AT THE TIME OF THE PARENTS' BIRTH, NOT THE APPLICANT'	S BIRTH.							
Date of Birth (mm/dd/yyyy) Place of Birth (City & State if in the U.S. or City & Country as it is presently known								
	DWN) Gender U.S. Citizen?							
F No								
11. Have you ever been married?   Yes   No   If yes, complete the remaining items in #11.   X     Full Name of Current Spouse or Most Recent Spouse   South & Mid   Apple CANT   Control of Birth								
Has the APPLICANT ever been married? If								
yes, complete to the best of your ability	ty.							
U.S. Citizen? Date of Marriage Ha	Date							
The APPLICANT'S occupation /	(dd/yyyy)							
12. Additional Contac employer or school, NOT the	Employer or School (if applicable)							
spouse.								
18. Travel Plans (If no travel plans, please write "none")								
15. Height 16. Hair Color 17. Eye Color Departure Date ( <i>mm/dd/yyyy</i> ) Return Date ( <i>mm/dd/yyyy</i> ) Countries	to be Visited							
All applicants, even infants need								
19. Permanent Address (Complete if P.O. Box is listed und sections 15,16 & 17 completed.	not list a P.O. Box.)							
Street/RED # or URB	Apartment/Unit							
If normanant address is the same as								
	tate Zip Code							
mailing address on pg 1, leave blank.								
20 Your Emergency Contact / Provide the information of a names not traveling with you to be particulated in the superior of a name of the superior of the supe								
20. Your Emergency Contact (Provide the information of a person not traveling with you to be contacted in the event of an emergency.) Name Address: Street/RED # or P.O. Box Apartment/Unit								
Emergency Contact should be								
City someone NOT traveling with you. Phone Number	Relationship							
21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? Yes No If yes	s, complete the remaining items in #21.							
If you have EVER been issued a US passport	, even as a minor,							
this section must be completed to the best of your ability.								
Status of your most recent passport book: Submitting with Passports that are still valid when applying must be								
Name as printed on your most recent passport card submitted with the application.	e (mm/dd/yyyy)							
Status of your most recent passport card: Submitting with application Stolen Lost In my possession	(if expired)							
PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUIN	G OFFICE ONLY							
Name as it appears on citizenship evidence								
Birth Certificate SR CR City Filed: Do not fill out this section.								
Nat. / Citz. Cert. USCIS USDC Date/Place Acquired: Do Hot Hill Out this section. Parent								
Report of Birth Filed/Place:								
Passport C/R S/R See #21 #/DOI:								
Other:								
Attached:								
■ P/C of Citz □ P/C of ID □ DS-71 □ DS-3053 □ DS-64 □ DS-5520 □ DS-5525 □ PAW □ NPIC □ IRL □ Citz W/S								
	DS 11 C 03 2022 2							