



# APPLICATION FOR A U.S. PASSPORT BY MAIL

**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 provisions of 18 U.S.C. 1001, 18 U.S.C. 1542 and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 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 U.S.C. 1544. All statements and documents are subject to verification.

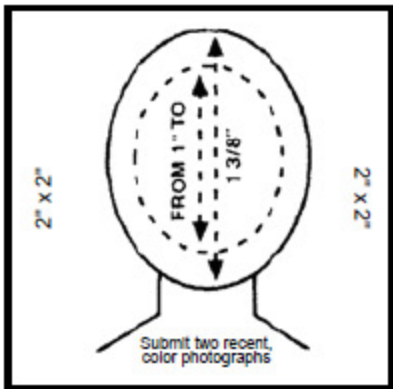
When completing this form, PRINT IN BLUE OR BLACK INK ONLY

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

1. Name of Applicant				
Last		Suffix (Jr., Sr., III)		2. Date of Birth (mm-dd-yyyy)
First		Middle		
3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Place of Birth (City & State OR City & Country)		5. Social Security Number (See Federal Tax Law Notice on Instruction Page)
6. Height Feet _____ Inches _____		7. Hair Color		8. Eye Color
9. Occupation		10. Employer		



DS 82 06 2005



11. Mail My New Passport To:		
Street / RFD # OR Post Office Box		Apartment #
City	State	ZIP Code
Country (If Outside the U.S.)		In Care of (If Applicable)

12. Permanent Address or Residence (If same as mailing address write "Same As Above")		
Street / RFD # (DO NOT LIST P.O. BOX)		Apartment #
City	State	ZIP Code

13. Home Telephone (Include Area Code) ( )	14. Business Telephone (Include Area Code) ( )	15. E-Mail Address (Optional)
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You must submit your most recent U.S. passport with this form! If you cannot submit your most recent U.S. passport, apply on Form DS-11, Application For A U.S. Passport.

16. Passport Information	
Name in which most recent passport was issued	
Most recent U.S. passport number	Issue date of most recent U.S. passport

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

18. Emergency Contact - 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 this application in the designated area below!

19. Oath & Signature	
I declare under penalty of perjury that I am a United States citizen (or non-citizen national) and have not, since acquiring United State citizenship (or U.S. nationality), performed any of the acts listed under "Acts or Conditions" on the reverse of this application form (unless explanatory statement is attached). I declare under penalty of perjury that the statements made on this application are true and correct.	
X _____ Applicant's Signature	_____ Date (mm-dd-yyyy)

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

- Evidence of Name Change
- Marriage Certificate
- Court Order

Document Issue Date \_\_\_\_\_

Place of Issue \_\_\_\_\_

Issuing Office/Court \_\_\_\_\_

Previous Name \_\_\_\_\_

Current Name \_\_\_\_\_

APPLICATION APPROVAL

FEE _____	EXEC. _____	EF _____	OTHER _____
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