

U.S. Department of State

OMB Control No. 1405-0020 Expiration Date: 04/30/2025

U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS Estimated Burden: 40 Minutes Use black ink only. If you make an error, complete a new form. Do not correct. Select 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. (See instruction page 3) Regular Book (Standard) ☐ Large Book (Non-Standard) The large book is for frequent international travelers who need more visa pages. 1. Name Last (Your name must match previous passport or name change document) NFR End.# Ехр. First Middle 3. Gender (ReadInstructionPage2) 4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known) 2. Date of Birth (mm/dd/yyyy) F X Changing gender marker? Yes 5. Social Security Number **6. Email** (See application status at passportstatus.state.gov) 7. Primary Contact Phone Number 8. Mailing Address Line 1: (Street/RFD#, P.O. Box, or URB) Address Line 2: (Include Apartment, Suite, In Care Of or Attention if applicable.) City State Zip Code Country (if outside the United States) 9. List all other names you have used. (Example: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.) В. 10. U.S. Passport Information Your name as printed on your most recent U.S. passport book and/or passport card STAPLE STAPLE Most recent U.S. passport book number Book Issue date (mm/dd/yyyy) 3/8" FROM 5 Ŋ × Most recent U.S. passport card number Card Issue date (mm/dd/yyyy) 5 Ŋ 11. Name Change Information Complete if name is different than last U.S. passport book or passport card STAPLE STAPLE Place of Name Change (City/State) Date (mm/dd/yyyy) Changed by Marriage Changed by Court Order Attach a color photograph taken within the last six months Please submit a certified copy. YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW **THEN COMPLETE PAGE 2** 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 performed any of the acts listed under "Acts or Conditions" on page 4 of the instructions 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 4 of the instructions to the application form. **Applicant's Legal Signature** Date FOR ISSUING OFFICE ONLY □ PPT BK C/R □ PPT BK S/R □ PPT CD C/R □ PPT CD S/R Marriage Certificate Date of Marriage/Place Issued: Court Order Date Filed/Court: From To: Other: Attached: DS 82 C 03 2022 1 For Issuing Office Only — → Bk Fee_ Cd Fee_ Other_

Name of Applicant (Last, First & Middle)					Date of Birth (mm/dd/yyyy)
12. Height	13. Hair Color	14. Eye Color	15. Occupation	1	16. Employer or School (if applicable)
17. Additional Contact Phone Numbers					
		Home Cell Work			Home Cell Work
18. Permanent Address: (Complete if PO Box is listed in Mailing Address or if residence is different from Mailing Address. Do not list a PO Box.) Street/RFD # or URB					
City					State Zip Code
19. Your Emergency Contact (Provide the information of a person not traveling with you to be contacted in the event of an emergency.)					
Name		Addre	ss: Street/RFD # or I	PO Box	Apartment/Unit
City		State Zip	Code	Phone Number	Relationship to Applicant
20. Travel Plans (If no travel plans, please write "none")					
Departure Dat	e (mm/dd/yyyy) Return D	ate (mm/dd/yyyy) Coun	tries to be visited		

STOP!

PLEASE BE SURE TO:

- 1. Print form on two separate pages
- 2. Sign and date on Application Page 1
- 3. Submit both pages (see Instruction Page 3)