




<b>Name of Applicant</b> <i>(Last, First &amp; Middle)</i>				<b>Date of Birth</b> <i>(mm/dd/yyyy)</i>	
<div></div>				<div></div>	
<b>11. Height</b>	<b>12. Hair Color</b>	<b>13. Eye Color</b>	<b>14. Occupation</b> <i>(if age 16 or older)</i>	<b>15. Employer or School</b> <i>(if applicable)</i>	
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
<b>16. Additional Contact Phone Numbers</b>					
<div></div>		<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <div></div>	<div></div>	
<input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <div></div>			
<b>17. Permanent Address</b> - <i>If P.O. Box is listed under Mailing Address <u>or</u> if residence is different from Mailing Address.</i>					
Street/RFD # or URB <b>(No P.O. Box)</b>				Apartment/Unit	
<div></div>				<div></div>	
City			State	Zip Code	
<div></div>			<div></div>	<div></div>	
<b>18. Emergency Contact</b> - <i>Provide the information of a person not traveling with you to be contacted in the event of an emergency.</i>					
Name		Address: Street/RFD # or P.O. Box			Apartment/Unit
<div></div>		<div></div>			<div></div>
City		State	Zip Code	Phone Number	Relationship
<div></div>		<div></div>	<div></div>	<div></div>	<div></div>
<b>19. Travel Plans</b>					
Date of Trip <i>(mm/dd/yyyy)</i>		Duration of Trip	Countries to be Visited		
<div></div>		<div></div>	<div></div>		
<b>20. Have you ever been married?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the remaining items in #20.</i>					
Full Name of Current Spouse or Most Recent Spouse		Date of Birth <i>(mm/dd/yyyy)</i>		Place of Birth	U.S. Citizen?
<div></div>		<div></div>		<div></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Marriage <i>(mm/dd/yyyy)</i>		Have you ever been widowed or divorced?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date <i>(mm/dd/yyyy)</i>
<div></div>		<div></div>		<div></div>	<div></div>
<b>21. Have you ever applied for or been issued a <u>U.S. Passport Book</u>?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the remaining items in #21</i>					
Name as printed on your most recent passport book				Most recent passport book number	
<div></div>				<div></div>	
Status of your most recent passport book				Date most recent passport book was issued or approximate date you applied <i>(mm/dd/yyyy)</i>	
<input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession <i>(if expired)</i>				<div></div>	
<b>22. Have you ever applied for or been issued a <u>U.S. Passport Card</u>?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the remaining items in #22</i>					
Name as printed on your most recent passport card				Most recent passport card number	
<div></div>				<div></div>	
Status of your most recent passport card				Date most recent passport card was issued or approximate date you applied <i>(mm/dd/yyyy)</i>	
<input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession <i>(if expired)</i>				<div></div>	
<b>PLEASE DO NOT WRITE BELOW THIS LINE</b>					
<b>FOR ISSUING OFFICE ONLY</b>					
<input type="checkbox"/> Sole Parent					
Name as it appears on citizenship evidence _____					
<input type="checkbox"/> Birth Certificate	SR	CR	City	Filed:	Issued:
<input type="checkbox"/> Report of Birth	240	545	1350	Filed/City:	
<input type="checkbox"/> Nat. / Citiz. Cert.	Date/Place Acquired:			A#	
<input type="checkbox"/> Passport	C/R	S/R	Per PIERS	#/DOI:	
<input type="checkbox"/> Other:					
<input type="checkbox"/> Attached:					
<input type="checkbox"/> P/C of ID <input type="checkbox"/> DS-3053 <input type="checkbox"/> DS-64 <input type="checkbox"/> Bio Quest <input type="checkbox"/> Citiz W/S <input type="checkbox"/> DS-10 <input type="checkbox"/> DS-86 <input type="checkbox"/> DS-71 <input type="checkbox"/> DS-60					
					
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