



# APPLICATION FOR A U.S. PASSPORT

OMB APPROVAL NO 1405-0004  
EXPIRATION DATE: 12-31-2010  
ESTIMATED BURDEN 85 MIN

Attention: see WARNING on page two of instructions  
Please select the document (or documents) for which you are applying:  
 U.S. Passport Book     U.S. Passport Card  
The U.S. passport card may only be used for international travel by land or sea between the United States, Canada, Mexico, the Caribbean and Bermuda. Please visit our website for detailed information.

R     D     O     DP  
End. # \_\_\_\_\_ Exp \_\_\_\_\_

1. Name Last  
**DOE**  
First & Middle

2. Date of Birth (mm/dd/yyyy)

**BABY SMITH**

**09 - 09 - 2009**

3. Sex    4. Place of Birth (City & State or City & Country as it is presently known)  
 M     F    **TOKYO, JPN**

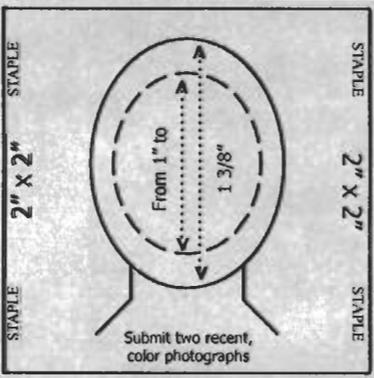
5. Social Security Number  
**000 - 00 - 0000**

6. Mailing Address: Street/RFD # or P.O. Box    Apartment or unit #  
**1-10-5 AKASAKA, MINATO-KU**

City    State    Zip Code (Zip + 4 if known)    In Care Of or Country, if applicable  
**TOKYO**    \_\_\_\_\_    **107-8420**    **JPN**

7. Contact Phone Number    8. Email Address (Optional)  
**03- 322 - 4-5000**     Home     Cell    **YOURNAME@DOMAINNAME.COM**  
 Work

9. Have You Ever Used A Different Name (Maiden, Previous Marriage, Legal Name Change)? If yes, please complete. (Attach additional pages if needed)  
1. **BABY TAISHIKAN**    2. \_\_\_\_\_



10. Parents' Information  
Father's Name - First & Middle    Last  
**JOHN SMITH**    **DOE**

Date of Birth (mm/dd/yyyy)    Father's Place of Birth    U.S. Citizen?  
**11/19/1981**    **NEW YORK USA**     Yes  
 No

Mother's Name - First & Middle    Last (Maiden)  
**HANAKO**    **TAISHIKAN**

Date of Birth (mm/dd/yyyy)    Mother's Place of Birth    U.S. Citizen?  
**02/02/1982**    **YOKOHAMA JAPAN**     Yes  
 No

**CONTINUE TO PAGE 2**  
**DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY PERSON ADMINISTERING OATH.**

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, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on the reverse side 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 two of the instructions to the application form.

**DO NOT SIGN**  
\_\_\_\_\_  
Father's/Legal Guardian's Signature (if identifying minor)  
\_\_\_\_\_  
Mother's/Legal Guardian's Signature (if identifying minor)

Identifying Documents - Applicant or Father (if identifying minor)  
 Driver's License     Passport     Military     Other \_\_\_\_\_  
Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Place of Issue \_\_\_\_\_  
Name \_\_\_\_\_ ID No \_\_\_\_\_

Identifying Documents - Mother (if identifying minor)  
 Driver's License     Passport     Military     Other \_\_\_\_\_  
Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Place of Issue \_\_\_\_\_  
Name \_\_\_\_\_ ID No \_\_\_\_\_

Acceptance Agent     (Vice) Consul USA     Passport Services Staff Agent  
Subscribed and sworn to (affirmed) before me:    Facility Name/Location \_\_\_\_\_  
(Seal)    \_\_\_\_\_    Date \_\_\_\_\_    Facility/Agent ID Number \_\_\_\_\_  
Signature of person authorized to accept applications  
PPT Fee \_\_\_\_\_ EF \_\_\_\_\_ Postage \_\_\_\_\_ Other \_\_\_\_\_



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<b>Name of Applicant (Last, First &amp; Middle)</b>				<b>Date of Birth (mm/dd/yyyy)</b>	
DOE, BABY SMITH				09/09/2009	
<b>11. Height</b>	<b>12. Hair Color</b>	<b>13. Eye Color</b>	<b>14. Occupation</b>	<b>15. Employer</b>	
1ft. 0in.	Brown	Brown	CHILD		
<b>16. Additional Contact Phone Numbers</b>					
090-9999-9999		<input type="checkbox"/> Home <input checked="" type="checkbox"/> Cell			<input type="checkbox"/> Home <input type="checkbox"/> Cell
		<input type="checkbox"/> Work <input type="checkbox"/>			<input type="checkbox"/> Work <input type="checkbox"/>
<b>17. Permanent Address: Street/RFD # (No P.O. Box)</b>					
1111 EMBASSY AVE.					Apartment or unit #
City					State
CITIZEN					NY
Zip Code					11111
<b>18. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.</b>					
Name		Address: Street/RFD # or P.O. Box			Apartment or unit #
JANE DOE		1111 CONSULAR ST			
City		State	Zip Code	Phone Number	Relationship
NEW YORK		NY	11111	111-111-1111	GRANDMOTHER
<b>19. Travel Plans</b>					
Date of Trip (mm/dd/yyyy)		Length of Trip	Countries to be visited		
12/12/2012		1WEEK	USA		
<b>20. Have you ever been married?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete the remaining items in #20.</i>					
Current spouse's or most recent former spouse's name		Place of birth	Date of marriage (mm/dd/yyyy)	Widowed? <input type="checkbox"/>	Date (mm/dd/yyyy)
				Divorced? <input type="checkbox"/>	
<b>21. Have you ever been issued a U.S. Passport Book?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete the remaining items in #21.</i>					
Your name as listed on your most recent passport book				Most recent passport book number	
Status of your most recent passport book			Approximate date your most recent passport book was issued or date you applied (mm/dd/yyyy)		
<input type="checkbox"/> In My Possession <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> Other					
<b>22. Have you ever been issued a U.S. Passport Card?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete the remaining items in #22.</i>					
Your name as listed on your most recent passport card				Most recent passport card number	
Status of your most recent passport card			Approximate date your most recent passport card was issued or date you applied (mm/dd/yyyy)		
<input type="checkbox"/> In My Possession <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> Other					
<b>STOP! PLEASE DO NOT WRITE BELOW THIS LINE</b>					
<b>FOR ISSUING OFFICE ONLY</b> <input type="checkbox"/> Sole Parent <input type="checkbox"/> Both					
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"/> Naturalization / Citizenship Certificate	A#		Date Acquired:		
<input type="checkbox"/> Passport Issue Date:					
<input type="checkbox"/> Other:					
<input type="checkbox"/> Attached:					
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