

The Mazzoni Center Guide to

Changing Your Name and Gender on Identity Documents in Pennsylvania

2013 Edition

Mazzoni Center Legal Services
21 South 12th St.
Philadelphia, PA 19107
1-215-563-0657
1-866-LGBT-LAW
www.mazzonicenter.org

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INTRODUCTION: Changing your name

This kit is intended to provide you with all the necessary details and current information required to change your name and gender on your identity documentation. In Pennsylvania, you are required to petition a court for a legal name change before you can change your official identity documents. The process of petitioning a court has several steps and requires a number of different forms. We know it looks overwhelming, but we want to make sure you have everything you need to change your name yourself, including sample copies of each required document. If you have any questions about any steps in the process or need assistance completing any of the forms, please contact Mazzoni Center Legal Services at 1-866-LGBT-LAW (toll-free) or 1-215-563-0657 (local). We will be happy to help you!

WHAT ABOUT OTHER IDENTITY DOCUMENTATION?

You may need to provide a certified copy of the Name Change Decree when you apply to have your identity documentation changed to reflect your new name. If you were not given a certified copy of the court order at your hearing or if you need additional copies, the Prothonotary in your county will be able to provide you with a certified copy for a fee. The fee will vary by county. For example, in Philadelphia each certified copy will cost \$40, whereas in Bucks County additional certified copies of your court order cost \$4.50. However, these fees can be waived if you qualify for in forma pauperis status. In forma pauperis status is granted to an individual when he or she is unable to pay the filing costs because of his or her low-income status.

How do I change my Pennsylvania driver's license or identification card?

Change of gender:

- Fill out section B of form DL-32, found in Appendix A, marking the correct sex.
- Have your doctor, therapist, counselor, or social worker fill out and sign section C.
- Bring DL-32 to a driver's license exam center with either a check or money order made payable to "PennDOT" for the appropriate amount (listed on form).

Change of name:

- Fill out section C of the appropriate form, writing in changed name in the appointed box.
- Attach a certified copy of the court order granting the name change.
- Send DL-80 form for drivers license name change or DL-54B form for photo identification card name change and proper documentation along with either a check or money order made payable to "PennDOT" for the appropriate amount (listed on form) to address below. Both forms are found in Appendix A.

If mailing your application, send your completed and signed application, along with the proper documentation, to:

Bureau of Driver Licensing
P.O. Box 68272
Harrisburg, PA 17106-8272

Additional information and forms may be found on the Pennsylvania Department of Transportation website, by accessing <http://www.dmv.state.pa.us/> and clicking on the Driver and Vehicle Services page. *All forms must be completed using blue or black ink.* To locate the nearest drivers' license exam center, click on the "Locations Near You" link on the Driver and Vehicle Services page.

How do I change my Social Security card?

Name change: To change your name on your Social Security card, you need to submit documents that have both your old name and your new name which provide biographical information such as your date of birth, age, or parents' names. You must show your name change decree. You must also provide either a current 1) U.S. State-issued driver's license; 2) U.S. State-issued non-driver identity card; or 3) U.S. passport. The identification may have either your old name or your new name.

Gender change: There is no gender designation on your social security card. However, there is a gender designation associated with your social security number. To have this designation changed, you will need to bring or send a letter from a doctor stating that you have completed sex reassignment surgery with your application.

Fill out the SS-5 application, provided in Appendix B, with your new name and gender change. You can either bring the form with your supporting documentation to your local Social Security office or you can mail it. You can find your local Social Security office by calling 1-800-772-1213 or by visiting www.ssa.gov/locator. Acceptable supporting documentation must include both your new and old names, such as the court order granting your name change. All documentation must be original. If you go to your local Social Security office in person, this documentation will be returned to you before you leave the Social Security office.

Requesting a name or gender change on your Social Security card is free. For Philadelphia locations or to locate your nearest office visit www.ssa.gov/locator.

Helpful Hints:

- *Photocopies of documents will not be accepted. You must submit original documents (i.e., your original marriage license, not a copy) or certified copies (i.e., a copy of your court order certified by your county Prothonotary). Remember that these documents will be returned to you before you leave the Social Security office or, in the case of mailing, will be sent back to you.*
- *Form must be filled out in blue or black ink.*
- *Be sure to bring a pen with you to the office, as they will not provide one while you are there.*
- *Lines at the Social Security office move slowly, so be prepared to wait.*

How do I change the information on my birth certificate?

Whether or not you will be allowed to change the name or gender on your birth certificate depends on the state where you were born. For specific information on the procedure for a birth certificate change in your birth state, contact that state's Division of Vital Records or equivalent agency.

If you were born in Pennsylvania, you may change the information on your birth certificate. Documentation which is necessary to have your birth certificate changed includes:

- A completed Birth Certificate Correction Form found in Appendix C. You must sign the form in the presence of a notary.
- A certified copy of the Name Change Decree.
- Your old birth certificate. If you no longer have your birth certificate, you must provide your birth information (place, date, original name, and parents' names) and pay a small fee. Call the Pennsylvania Department of Vital Records, Corrections Unit, at (724) 656-3130 for more information, or visit their website at www.health.state.pa.us/vitalrecords/.
- Regarding changing your gender marker on your birth certificate, you will need an original letter from your sex reassignment surgeon, stating that surgery has been performed.
- Because this process is based on an individualized assessment, you should consult with your doctor before initiating this process.

All documents should be mailed to:

Division of Vital Records
Attn: Corrections Unit
101 S. Mercer Street, Room 401
P.O. Box 1528
New Castle, PA 16101

Allow 10 to 12 weeks for processing.

How do I change my name on my United States passport?

If you currently have a valid U.S. passport and would like to change information on this passport, you must fill out either Form DS-5504, *Passport Re-Application Form* (for passports issued within one year of the request for change), or Form DS-82, *Application for a U.S. Passport by Mail* (for passports issued over a year ago that are still valid).

HOW OLD IS YOUR PASSPORT?

If your valid U.S. passport was issued less than one year ago, you will need to complete Form DS-5504, located in Appendix D. You will need to mail:

1. The DS-5504 Form;
2. The passport to be replaced;
3. A certified copy of your court order of name change;
4. And two (2) new passport photos.

Mail the application form to:

National Passport Processing
P.O. Box 90107
Philadelphia, PA 19190-0107

If your valid U.S. passport was issued in the past 15 years, and you were at least 16 years old when your most recent passport was issued, you can use Form DS-82, the Renewal Application for a U.S. Passport by Mail, located in Appendix D. You will need to mail:

1. The DS-82 Form;
2. The passport to be replaced;
3. Marriage/divorce/adoption decree or certified copy of your court order of name changes;
4. Two (2) new passport photos; and
5. And a check or money order for \$67.00 made out to U.S. Department of State.

Mail the application form to:

National Passport Processing
P.O. Box 90155
Philadelphia, PA 19190-0155

You should expect it to take 6 weeks for the U.S. Department of State to process your passport and send your new one. There are options for expedited service to receive your passports at about two weeks or less than two weeks. These options require additional fees. Please see your application form for information on expedited service.

How Do I Change My Sex on my U.S. Passport?

If you want the sex on your passport changed on any of these passport forms, you must state that you wish to have your gender designation changed from male to female or from female to male, and include a letter from your physician.

If a physician certifies that your transition is complete, you are eligible for a new ten-year passport. The signed original statement from the attending medical physician must be on office letterhead and include:

- Physician's full name
- Medical license or certificate number
- Issuing state or other jurisdiction of medical license/certificate
- Drug Enforcement Administration (DEA) registration number assigned to the physician
- Address and telephone number of the physician
- Language stating that he/she is your attending physician and that he/she has a doctor/patient relationship with you
- Language stating that you have had appropriate clinical treatment for gender transition to the new gender (male or female)
- Language stating "I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct"

If a physician certifies that your transition is in process, you are eligible for a limited validity two-year passport. The signed original statement from the attending medical physician must be on office letterhead and include:

- Physician's full name
- Medical license or certificate number
- Issuing state or other jurisdiction of medical license/certificate

For more information and a sample physician's letter, visit:

http://travel.state.gov/passport/get/first/first_5100.html

Do I have to register with the Selective Service?

If you were born female and have had sex reassignment surgery, you do not need to register with the selective service.

If you were born male, even if you have had sex reassignment surgery, you must register with the Selective Service. However, in the event that the draft is resumed, you can file a claim for an exemption from military service if you receive an order for an examination or induction. Additional information can be obtained at the Selective Service System's website at: www.sss.gov.

How do I notify businesses such as banks and billing companies of my name change?

You may use the form located in Appendix E to notify businesses of the change in your name. You may want to include a copy of the court order with this form.

Appendices

Appendix A: PA Driver's License Name/Gender Change Forms

Appendix B: Social Security Card Name/Gender Change Forms

Appendix C: PA Birth Certificate Correction Form

Appendix D: Passport Amendment Forms

Appendix E: Notice of Client Name Change

Appendix A: PA Driver's License Name/Gender Change Forms

REQUEST FOR GENDER CHANGE ON DRIVER'S LICENSE/ IDENTIFICATION CARD

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION



Please complete sections A, B, C, and D.

A APPLICANT INFORMATION

DRIVER'S LICENSE/ID NUMBER		LAST NAME(S)		JR/ETC
FIRST NAME		MIDDLE NAME		
DATE OF BIRTH		TELEPHONE NUMBER (8:00 a.m. to 4:30 p.m.)		E-MAIL ADDRESS (if applicable)
MONTH	DAY	YEAR		
Please check the product(s) you currently have:				
<input type="checkbox"/> Non-Commercial Driver's License		<input type="checkbox"/> Commercial Driver's License		<input type="checkbox"/> Identification Card

B GENDER DESIGNATION STATEMENT

I, _____ wish the gender designation on my Driver's License/ ID Card to read

PRINT NAME

MALE FEMALE

I hereby certify under penalty of law that this request for the selected gender designation to appear on my Driver's License/ ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

C TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER LICENSED IN THE UNITED STATES

LAST NAME		FIRST NAME		TITLE
PROVIDER'S ORGANIZATION			STATE MEDICAL LICENSE #	STATE LICENSED IN
PROVIDER'S STREET ADDRESS				
CITY			STATE	ZIP
I am a licensed: <input type="checkbox"/> Physician <input type="checkbox"/> Therapist/Counselor <input type="checkbox"/> Social Worker				
My practice includes assisting, counseling or treating persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is <input type="checkbox"/> Male <input type="checkbox"/> Female and can reasonably be expected to continue as such for the foreseeable future.				
I hereby certify, under penalty of law, that the foregoing information is true and correct.				
PROVIDER'S SIGNATURE: _____			DATE: _____	
WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year (18 Pa. C.S. Section 4904(b)).				

D AUTHORIZATION AND CERTIFICATION

I certify under penalty of law that all information given on this application is true and correct. I hereby authorize the Social Security Administration to release to the Department of Transportation information concerning my Social Security Identification Number for the purpose of identification. I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund

FEE PAID In This Amount	
SEE REVERSE FOR FEES	

SIGN HERE _____

(APPLICANT'S SIGNATURE IN INK)

WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year (18 Pa. C.S. Section 4904(b)).

The most current version of this form can be found at www.dmv.state.pa.us

Please visit a PennDOT Driver's License Center with your completed and signed application with check or money order made payable to "PennDOT".

NON-COMMERCIAL PHOTO DRIVER'S LICENSE	<p>* FEE: \$13.50 - Applicant will be issued a camera card to take to a Photo Driver License Center for the purpose of having a photo taken.</p> <p>* If license is endorsed with Class M, fee is \$18.50.</p>
COMMERCIAL PHOTO DRIVER LICENSE	<p>* FEE: \$13.50 - Applicant will be issued a camera card to take to a Photo Driver License Center for the purpose of having a photo taken.</p> <p>* If license is endorsed with Class M, fee is \$18.50.</p>
IDENTIFICATION CARD	<p>* FEE: \$13.50 - Applicant will be issued a camera card to take to a Photo Driver License Center for the purpose of having a photo taken.</p>
ORGAN DONATION AWARENESS TRUST FUND (ODTF)	<p>You have the opportunity to contribute \$1.00 to the Fund. The additional \$1.00 contribution must be added to the fees above and included in your payment by check or money order. You must also check the block provided in Section D to ensure proper handling of your contribution.</p>

If your driver's license/identification card is due to expire within six (6) months, you are required to complete the applicable renewal form and attach it to this form.

DL-143CD Commercial Driver's License Renewal Application

DL-901 Non-Commercial Driver's License/Identification Card/Learner's Permit Application to renew/replace/change/correct

All other changes/corrections:

If you require additional changes/corrections to your record, you must complete one of the following forms and attach to this form.

DL-80CD Application to Replace/Correct Commercial Driver's License

DL-901 Non-Commercial Driver's License/Identification Card/Learner's Permit Application to renew/replace/change/correct

PROVISIONS OF SECTION 3709 OF THE VEHICLE CODE

Section 3709 provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth, from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, I may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons present within any vehicle of which I am the driver.

PHOTO IDENTIFICATION CARD

APPLICATION FOR CHANGE/CORRECTION/REPLACEMENT/RENEW



Bureau of Driver Licensing
P.O. Box 68272
Harrisburg, PA 17106-8272

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION

CHECK APPLICABLE BLOCK:

- REPLACEMENT (DUPLICATE)** — Complete Sections A, B, C (if applicable), D and E (if applicable). **All requests must be notarized.**
- RENEWAL, CHANGE or CORRECTION** — Complete Section A, C (if applicable), D and E (if applicable). **Notarization is not required.**

A YOU MUST COMPLETE ALL PARTS OF SECTION A									
DRIVER'S LICENSE NUMBER			LAST NAME					JR./ETC	
FIRST NAME						MIDDLE NAME			
DATE OF BIRTH			TELEPHONE NUMBER (8:00A.M. - 4:30P.M.)				E-MAIL ADDRESS (if applicable)		
MONTH	DAY	YEAR							
B REASON REPLACEMENT REQUIRED: (Check One):					ORGAN DONOR DESIGNATION				
<input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> NEVER RECEIVED <input type="checkbox"/> OTHER <input type="checkbox"/> MUTILATED <input type="checkbox"/> CHANGE <input type="checkbox"/> CORRECTION					<input type="checkbox"/> ADD (Parental consent in Section E required if under 18) <input type="checkbox"/> REMOVE				
C CHANGE OR CORRECTION ONLY (Important information on reverse side)									
ADDRESS CHANGE - A Post Office Box number may be used in addition to the actual residence address, but cannot be used as the only address. See reverse if using an out-of-state address.									
NEW STREET ADDRESS									
CITY							STATE	PA	ZIP CODE
If you are a registered voter in PA, would you like us to notify your county voter registration office of this change? <input type="checkbox"/> YES <input type="checkbox"/> NO If you are not a registered voter, you may contact your county voter registration office.									
NAME CHANGE REASON: <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> OTHER (see reverse side)									
LAST				JR., ETC.	FIRST NAME			MIDDLE NAME	
OTHER CHANGES									
EYE COLOR (Please check one): <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL <input type="checkbox"/> PINK <input type="checkbox"/> BLACK <input type="checkbox"/> GRAY <input type="checkbox"/> DICHROMATIC <input type="checkbox"/> OTHER _____									
CORRECTION OF DATE OF BIRTH			HEIGHT		SOCIAL SECURITY NUMBER				
MONTH	DAY	YEAR	FEET	INCHES					
D AUTHORIZATION AND CERTIFICATION (SIGN AND ENTER FEE)									
I certify under penalty of law that all information given on this application is true and correct. I hereby authorize the Social Security Administration to release to the Department of Transportation Information concerning my Social Security Identification Number for the purpose of Identification. If using a Messenger Service, I hereby authorize the Department to furnish them with my driving record for the purpose of processing this form.							FEE PAID Send Check In This Amount \$		(fee information on back)
<input type="checkbox"/> I am under the age of 18 years and I hereby request organ donor designation on my Pennsylvania I.D. card. Parental consent in Section E is required. Applicants 18 years of age or older will have the opportunity to request Organ Donor designation at the photo center at the time they have their photo taken.									
<input type="checkbox"/> I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund (see reverse). If checked here, include the additional \$1.00 in the amount entered in the Fee Paid block above.									
SIGN HERE			Applicant's Signature in Ink _____				(Date) _____		
WARNING: Misstatement of fact is a misdemeanor of the third degree punishable of up to \$2,500 and/or imprisonment up to 1 year (18 Pa. C.S. Section 4904(b)).									
E CONSENT OF PARENT, GUARDIAN, PERSON IN LOCO PARENTIS OR SPOUSE AT LEAST 18 YEARS OF AGE. Complete if Applicant is Less Than 18 Years of Age to give consent for Applicant's request for Organ Donor designation.									
I hereby certify that I am a <input type="checkbox"/> Parent, <input type="checkbox"/> Guardian, <input type="checkbox"/> Person in Loco Parentis, or <input type="checkbox"/> Spouse at least 18 years of age, and I <input type="checkbox"/> Do give consent <input type="checkbox"/> Do not give consent for applicant's request for Organ Donor designation.									
SUBSCRIBED AND SWORN TO BEFORE ME									
			MO.	DAY	YEAR				
SIGNATURE OF PERSON ADMINISTERING OATH _____									
(Signature of Parent, Guardian, Person in Loco Parentis or Spouse at least 18 years of age-In Ink) _____ (Date) _____									
S E A L									
SIGN IN PRESENCE OF NOTARY									
AFFIDAVIT: This section must be notarized when applying for a replacement (duplicate) Pennsylvania Identification Card. You are entitled to a free replacement ONLY if this application is completed within 90 days of the original date of issuance and the original was never received due to loss in the mail.									
SEE REVERSE SIDE FOR IMPORTANT INFORMATION									

APPLICATION INFORMATION

- **Return your completed and signed application with check or money order made payable to "PennDOT", to: Bureau of Driver Licensing, P.O. Box 68272, Harrisburg, PA 17106-8272.**

OUT-OF-STATE ADDRESS CHANGE. We may not issue driver license products to an out-of-state address, except in the case of an employee of federal or state government, armed forces personnel, or their families, whose workplace is located outside of Pennsylvania. If this exception applies to you, please check the appropriate box and include documentation of your status with this application.

Attach a letter from your employer on their letterhead to document your status, or attach a copy of your current Photo ID issued by your employer. If you are the immediate family of a person meeting one of the allowable exceptions, attach the documentation of the person employed. Additionally, you must indicate your relationship to that person.

I certify that my workplace is located out of state and I am employed by, or am the immediate family of a person employed by:

US Armed Forces Federal Government Pennsylvania State Government

Relationship to person meeting exemption (check one): Spouse Dependent Child

- The Department is required to obtain the Licensee's Social Security Number, height and eye color under the provisions of Sections 1510(a) and/or 1609(a)(4) of the Pennsylvania Vehicle Code. This information will be used as identifying information in an attempt to minimize driver license fraud. The Social Security Number is not part of your public driver's record. Federal law permits the use of the Social Security Number by state licensing officials for purposes of identification.

REPLACEMENT OF PHOTO ID OR PHOTO ID CAMERA CARD	Fee: \$5.00 if photo was not taken with the original Camera Card. Fee: \$13.50 if photo was taken with the original Camera Card. If photo image is on file, the Bureau will issue a Photo Identification Card. (Application for replacement must be notarized)
RENEWAL OF PHOTO ID	Fee: \$13.50 for 4 years, current Photo ID must be within six months of expiring in order to renew early. If contributing to the Organ Donation Awareness Trust Fund, see information below.
CHANGE/CORRECTION	<p>NO FEE REQUIRED – The Bureau will issue an update card reflecting the change/correction which must be carried with the Pennsylvania Identification Card. Notarization is not required.</p> <p>Name Change - If your name changed by permission of court, attach a Certified Copy of the Court Order. If you desire to use a name other than your (1) birth name, (2) spouse's surname, or (3) a name given through a Court Order, you must provide a copy of your Social Security Card (or records), together with copies of documents from two other sources issued in the desired name such as: Tax Records, Selective Service Card, Voter Registration Card, Passport, any form of Photo I.D. issued by a governmental agency, or state issued Birth Certificate.</p> <p>IF YEAR OF BIRTH on photo identification is incorrect, attach official birth certificate.</p> <p>IF Social Security Number is incorrect, attach copy of Social Security Card.</p>
ORGAN DONOR DESIGNATION	When you are requesting or deleting the Organ Donor designation when replacing your ID or Photo ID Camera Card, the form must be notarized and a replacement (duplicate) fee is required.
ORGAN DONATION AWARENESS TRUST FUND (ODTF)	You have the opportunity to make a \$1.00 contribution to the fund. The additional \$1.00 contribution must be added to the required ID fee and included in your payment by check/money order. You must also check the block provided Section D to ensure proper handling of your contribution.

Change your address or renew your driver's license online at www.dmv.state.pa.us

Section 3709 provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth, from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, I may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons present within any vehicle of which I am the driver.

NON-COMMERCIAL DRIVER'S LICENSE

APPLICATION FOR CHANGE / CORRECTION / REPLACEMENT

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION



pennsylvania
DEPARTMENT OF TRANSPORTATION

Bureau of Driver Licensing • P.O.Box 68272 • Harrisburg, PA 17106-8272

PLEASE READ IMPORTANT INFORMATION ON THE REVERSE SIDE.

CHECK APPLICABLE BLOCK:

REPLACEMENT (DUPLICATE) – Complete Sections A, B, (C & D if applicable), E and F. **All requests marked with an asterisk (*) MUST be notarized.** Complete absence statement on reverse side if applicable.

CHANGE OR CORRECTION of Non-Commercial License. Complete Section A, C and F. **Notarization is not required.** An update card will be issued.

A YOU MUST COMPLETE ALL PARTS OF SECTION A

DRIVER'S LICENSE NUMBER		LAST NAME		JR./ETC
FIRST NAME		MIDDLE NAME		
DATE OF BIRTH	TELEPHONE NUMBER (8:00A.M. - 4:30P.M.)	E-MAIL ADDRESS (if applicable)		
MONTH	DAY	YEAR		

APPLICATION FOR REPLACEMENT (CHECK ONE) <input type="checkbox"/> *REGULAR CAMERA CARD <input type="checkbox"/> PHOTO LICENSE <input type="checkbox"/> UPDATE CARD <hr/> <input type="checkbox"/> **"PHOTO-EXEMPT" CAMERA CARD <input type="checkbox"/> VALID W/O PHOTO LICENSE (STATEMENT ON REVERSE MUST BE COMPLETED AND SIGNED)		REPLACEMENT REQUIRED DUE TO REASON (CHECK ONE) <input type="checkbox"/> LOST <input type="checkbox"/> MUTILATED <input type="checkbox"/> STOLEN <input type="checkbox"/> CORRECTION <input type="checkbox"/> *NEVER RECEIVED (No Fee Required) <input type="checkbox"/> OTHER _____		ORGAN DONOR DESIGNATION <input type="checkbox"/> ADD (parental consent in Section D required if under 18) <input type="checkbox"/> REMOVE
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C CHANGE OR CORRECTION ONLY (Important information on reverse side)

ADDRESS CHANGE – A Post Office Box number may be used in addition to the actual residence address, but cannot be used as the only address. See reverse if using an out-of-state address.

NEW STREET ADDRESS: _____
 CITY: _____ STATE: **PA** ZIP CODE: _____

If you are a registered voter in PA, would you like us to notify your county voter registration office of this change? YES NO
 If you are not a registered voter, you may contact your county voter registration office.

NAME CHANGE REASON: MARRIAGE DIVORCE OTHER (see reverse side)

LAST: _____ JR., ETC.: _____ FIRST NAME: _____ MIDDLE NAME: _____

OTHER CHANGES

EYE COLOR (Please check one): BLUE BROWN GREEN HAZEL PINK BLACK GRAY DICHROMATIC OTHER _____

CORRECTION OF DATE OF BIRTH		HEIGHT		SOCIAL SECURITY NUMBER		DROP PRIVILEGE	
MONTH	DAY	YEAR	FEET	INCHES			<input type="checkbox"/> DROP CLASS M

D CONSENT OF PARENT, GUARDIAN, PERSON IN LOCO PARENTIS OR SPOUSE AT LEAST 18 YEARS OF AGE. Complete if Applicant is less than 18 years of age to give consent for Applicant's request for Organ Donor Designation.

I hereby certify that I am a
 Parent, Guardian, Person in Loco Parentis Spouse at least 18 years of age and I:
 Do give consent Do not give consent for applicant's request for Organ Donor Designation.

SIGN HERE

 (SIGNATURE OF PARENT, ETC.)

E ALL MUST BE ANSWERED IF REPLACEMENT IS REQUESTED

No person may hold more than one valid license at any time. If you have a license from another state, do not use this form. YOU MUST go to a Driver License Examination Center to surrender your out-of-state license and make application for a replacement PA license.

1. YES NO - Is your driver's license or driving privilege suspended or revoked in this state or any other state?
 2. YES NO - Have you been arrested or cited in this state or any other state for any violation which carries a possible penalty of suspension or revocation of your driver's license or driving privilege?
 If yes, give state _____ Date _____ and Reason _____

F AUTHORIZATION AND CERTIFICATION

I certify under penalty of law that all information given on this application is true and correct. I hereby authorize the Social Security Administration to release to the Department of Transportation information concerning my Social Security Identification Number for the purpose of identification. If using a Messenger Service, I hereby authorize the Department to furnish them with my driving record for the purpose of processing this form. I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code. (See reverse for provisions.)

I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund (see reverse).

Fee Paid Send Check In This Amount	
SEE REVERSE FOR FEES	

WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year (18 PA C.S. Section 4904(b)).

AFFIDAVIT: This section must be notarized when applying for replacement of a Camera Card. You are entitled to a free replacement ONLY if this application is completed within 90 days of the original date of issuance and the original was never received due to loss in the mail.

SUBSCRIBED AND SWORN
 TO BEFORE ME: _____ MO. _____ DAY _____ YEAR _____
 Signature of Person Administering Oath

SIGN IN PRESENCE OF NOTARY

**S
E
A
L**

SIGN HERE

(APPLICANT'S SIGNATURE IN INK)

The most current version of this form can be found at: www.dmv.state.pa.us

APPLICANT INFORMATION

- **Photo Exemption: Complete form as indicated. Sign both Section "F" and the statement below. PennDOT will send you a camera card and further instructions.**

During the next 60 days I will be absent from PA for the following reason: Military School Work Travel

Within 45 days of my return I will apply for a driver's license containing my photo.

**SIGN
HERE**

SIGNATURE HERE

- **OUT-OF-STATE ADDRESS CHANGE.** We may not issue driver license products to an out-of-state address, except in the case of an employee of the federal or state government, armed forces personnel, and immediate members of their families, whose workplace is located outside of Pennsylvania. If this exception applies to you, please check the appropriate box and include documentation of your status with this application. Attach a letter from your employer on their letterhead to document your status, or attach a copy of your current Photo ID issued by your employer. If you are the immediate family of a person meeting one of the allowable exceptions, attach the documentation of the person employed. Additionally, you must indicate your relationship to that person.

I certify that my workplace is located out of state and I am employed by, or am the immediate family of a person employed by:

US Armed Forces Federal Government Pennsylvania State Government

Relationship to person meeting exemption (check one): Spouse Dependent Child

- Return your completed and signed application with check or money order made payable to "PennDOT", to: Bureau of Driver Licensing, P.O. Box 68272, Harrisburg, PA 17106-8272.
- If your license is due to expire within six (6) months, **DO NOT** use this form. Complete form DL-143 (Renewal of a Non-Commercial Driver's License).
- If you find or recover your original license after you have submitted this application for a duplicate, return the original license with a letter of explanation to: Bureau of Driver Licensing, P.O. Box 68615, Harrisburg, PA 17106-8615. **After duplicate is issued, the original license is no longer valid.**

REPLACEMENT OF NON-COMMERCIAL:	APPLICATION FOR REPLACEMENT OF A CAMERA CARD OR A PRODUCT NEVER RECEIVED MUST BE NOTARIZED IN SECTION F.
PHOTO OR VALID W/O PHOTO NON-COMMERCIAL DRIVER'S LICENSE	FEE: \$13.50 - The Bureau will issue a camera card, which is a temporary Non-Commercial Driver's License valid for 60 days. During those 60 days, the driver must appear at a photo driver license center for the purpose of having a photo taken. If photo image is on file, the Bureau will issue a Photo Driver's License. If license is endorsed with Class M, fee is \$18.50.
*REGULAR OR "PHOTO EXEMPT" CAMERA CARD	FEE: \$5.00 if photo was not taken with the original camera card. If license is endorsed with a Class M, fee is \$10.00.
UPDATE CARD	No Fee. (update cards are not issued if requesting a change of Organ Donor designation status)
*ORGAN DONOR DESIGNATION	When you are adding or removing the Organ Donor designation, the form must be notarized and a replacement fee is required. Refer to fees above.
ORGAN DONATION AWARENESS TRUST FUND (ODTF)	You have the opportunity to contribute \$1.00 to the Fund. The additional \$1.00 contribution must be added to the fees above and included in your payment by check/money order. You must also check the block provided in Section F to ensure proper handling of your contribution.

CHANGE/CORRECTION ONLY	NO FEE REQUIRED — The Bureau will issue an update card reflecting the change/correction which must be carried with the driver's license. Notarization is not required.
NAME CHANGE - If your name changed by permission of court, attach a Certified Copy of the Court Order. If you desire to use a name other than your (1) birth name, (2) spouse's surname, or (3) a name given through a Court Order, you must provide a copy of your Social Security Card (or records), together with copies of documents from two other sources issued in the desired name such as: Tax Records, Selective Service Card, Voter Registration Card, Passport, any form of Photo I.D. issued by a governmental agency, or state issued Birth Certificate.	
IF YEAR OF BIRTH on driver's license is incorrect, attach a copy of your official birth certificate.	
IF Social Security Number is incorrect, attach copy of your Social Security Card.	

PROVISIONS OF SECTION 3709 OF THE VEHICLE CODE

Section 3709 provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth, from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, I may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons present within any vehicle of which I am the driver.

Appendix B: Social Security Card Name/Gender Change Forms

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You MUST provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.
5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.
- 9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you MUST show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card 7 to 14 days from now.
17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD	First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED			
2	Social Security number previously assigned to the person listed in item 1		— —	
3	PLACE OF BIRTH (Do Not Abbreviate) City	State or Foreign Country		4
		Office Use Only FCI	DATE OF BIRTH	MM/DD/YYYY
5	CITIZENSHIP (Check One)	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work(See Instructions On Page 3)
				<input type="checkbox"/> Other (See Instructions On Page 3)
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE Select One or More (Your Response is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White
8	SEX	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH	First	Full Middle Name	Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)	— —		<input type="checkbox"/> Unknown
10	A. PARENT/ FATHER'S NAME	First	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)	— —		<input type="checkbox"/> Unknown
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)			
12	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY	
14	TODAY'S DATE MM/DD/YYYY	15	DAYTIME PHONE NUMBER	Area Code Number
16	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No.		
	City	State/Foreign Country		ZIP Code
17	YOUR SIGNATURE	18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____	

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)									
NPN		DOC		NTI		CAN		ITV	
PBC	EVI	EVA	EVC	PRA	NWR	DNR	UNIT		
EVIDENCE SUBMITTED						SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW			
						DATE			
						DATE			
DCL						DATE			

**Appendix C: PA Department of
Health Opinion Letter on Amending
PA Birth Certificate**

**Pennsylvania Department of Health
Division of Vital Records**

This form is to be used for corrections on a Certificate of Birth. Please complete the lower portion of this form in the presence of a notarizing official and forward to: Division of Vital Records, PO Box 1528, New Castle, PA 16103.

Submit a photocopy of the documentary evidence used to support the correction requested, such as Baptismal Record, School Record, Military Record, Marriage Record or Certified Court Order.

ORIGINAL RECORD NOW READS	CORRECTION DESIRED
Name of Subject	
Date of Birth	
Sex	
Father	
Mother	
Other	

S E A L	<p><i>SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME:</i></p> <p align="center">MO. DAY YEAR</p> <p></p>	Father's Signature
	<i>SIGNATURE OF PERSON ADMINISTERING OATH</i>	Mother's Signature
	<p><i>DO NOT NOTARIZE UNLESS SIGNED BY SUBJECT (OR PARENT(S) IF UNDER AGE 18) MUST BE SIGNED IN PRESENCE OF NOTARY</i></p>	Subject's Signature
		Present Address
		Daytime Phone #

Appendix D: Passport Amendment Forms



**APPLICATION FOR A U.S. PASSPORT
NAME CHANGE, DATA CORRECTION, AND LIMITED PASSPORT BOOK REPLACEMENT**

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

Date of Application: _____

CAN I USE THIS FORM?

Complete this checklist to determine your eligibility to use this form

I have changed my name since my most recent U.S. passport book and/or passport card was issued less than one year ago;

Yes

No

OR

My identifying information in my most recent U.S. passport book and/or U.S. passport card was printed incorrectly;

Yes

No

OR

My most recent, full-fee U.S. passport book was limited in validity and was issued less than one year ago.

Yes

No

**If you answered NO to ALL of the three statements above,
STOP - You cannot use this form!**

You must apply on application form DS-11 or DS-82 depending on your circumstances. Please refer to those forms, visit travel.state.gov, or contact the National Passport Information Center for further information.

U.S. PASSPORTS, EITHER IN BOOK OR CARD FORMAT, ARE ISSUED ONLY TO U.S. CITIZENS OR NON-CITIZEN NATIONALS. EACH PERSON MUST OBTAIN HIS OR HER OWN PASSPORT BOOK OR PASSPORT CARD. THE PASSPORT CARD IS A U.S. PASSPORT ISSUED IN CARD FORMAT. LIKE THE TRADITIONAL PASSPORT BOOK, IT REFLECTS THE BEARER'S ORIGIN, IDENTITY, AND NATIONALITY AND IS SUBJECT TO EXISTING PASSPORT LAWS AND REGULATIONS. UNLIKE THE PASSPORT BOOK, THE PASSPORT CARD IS VALID ONLY FOR ENTRY TO THE UNITED STATES AT LAND BORDER CROSSINGS AND SEA PORTS OF ENTRY WHEN TRAVELING FROM CANADA, MEXICO, THE CARIBBEAN, AND BERMUDA. THE U.S. PASSPORT CARD IS NOT VALID FOR INTERNATIONAL AIR TRAVEL.

FOR INFORMATION, QUESTIONS, AND INQUIRIES:

Please visit our website at travel.state.gov. In addition, you may contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD: 1-888-874-7793) or by email at NPIC@state.gov. Customer Service Representatives are available Monday-Friday 8:00a.m.-10:00p.m. Eastern Time (excluding federal holidays.) Automated information is available 24/7.

FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM, INCLUDING YOUR SOCIAL SECURITY NUMBER, MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR THE DENIAL OF YOUR APPLICATION.

NOTICE TO APPLICANTS RESIDING ABROAD

United States citizens residing abroad **CANNOT** submit this form to the domestic address listed on the Instruction Page 2. Such applicants should contact the nearest U.S. embassy or consulate for procedures to be followed when applying overseas.

WARNING: False statements made knowingly and willfully in passport applications, including affidavits or other documents submitted to support this application, are punishable by fine and/or imprisonment under U.S. law, including the provisions of 18 USC 1001, 18 USC 1542, and/or 18 USC 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 USC 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 USC 1544. All statements and documents are subject to verification.

See page 2 of the instructions for detailed information on the completion and submission of this form.

If you choose to provide your email address in Item #6 on this application, Passport Services will use that information to contact you in the event there is a problem with your application or if you need to provide information to us.

WHAT DO I SEND WITH THIS APPLICATION FORM?

1. Your most recent U.S. passport book and/or passport card.
2. A recent, color photograph.

- Submit a color photograph of you alone, sufficiently recent to be a good likeness of you (normally taken within the last six months), and 2x2 inches in size. The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of your face, and printed on thin paper with plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Headphones, "bluetooth", or similar devices must **not** be worn in passport photographs. Any photographs retouched so that your appearance is changed are unacceptable. Snapshots, most vending machine prints, and magazine or full-length photographs are unacceptable. Digitized photos must meet the previously stated qualifications and will be accepted for use at the discretion of Passport Services. (Visit our website at travel.state.gov for details and information.)

3. Evidence to support a name change or other change in descriptive data.

- If your name has changed, the name change document you must submit may be a certified copy of your marriage certificate or a certified copy of a court order showing a seal and officiate/judge signature. If you are unable to document your name change in this manner, you must apply on the DS-11 application form by making a personal appearance at (1) a passport agency; (2) U.S. embassy or consulate, if abroad; (3) any federal or state court of record or any probate court accepting passport applications; (4) a designated municipal or county official; or (5) a post office which has been selected to accept passport applications.
- If there is a change or an error in the descriptive data in your recently issued passport, you must submit the appropriate evidence showing the correct information (e.g. certified birth certificate or certified marriage certificate as described above).
- All documentary evidence that is not damaged, altered, or forged will be returned to you.

PLEASE NOTE: If you are re-applying because your U.S. passport book was limited in validity due to a lack of citizenship evidence or identity, please submit the necessary document as specified by Passport Services. Passports limited in validity due to multiple losses cannot be extended. Please contact the National Passport Information Center for detailed information and instructions.

HOW DO I APPLY USING THIS FORM?

1. Complete, sign and date this form.
2. Send this form with your most recent U.S. passport book and/or passport card, any required additional evidence, and a recent color photograph.

MAIL FORM TO:

FOR ROUTINE SERVICE:

National Passport Processing Center
Post Office Box 90107
Philadelphia, PA 19190-0107

FOR EXPEDITED SERVICE (Additional Fee):

National Passport Processing Center
Post Office Box 90907
Philadelphia, PA 19190-0907

Because of the sensitivity of the enclosed documents, Passport Services recommends using trackable mailing service when submitting your application.

IS THERE A FEE ASSOCIATED WITH THIS FORM AND HOW WILL MY NEW PASSPORT BOOK AND/OR PASSPORT CARD BE MAILED BACK TO ME?

There is no fee associated with the use of this form unless expedited service is requested (see below). Your re-issued passport book and/or passport card and any documentary evidence submitted to Passport Services will be returned to you by priority or first class mail, unless overnight delivery is requested. You may receive your newly issued document and your returned citizenship evidence in separate mailings. If you are applying for both a passport book and card you may receive three separate mailings; one with your returned citizenship evidence; one with your newly issued passport book, and one with your newly printed passport card.

OVERNIGHT DELIVERY SERVICE: If you desire overnight delivery service for the return of your passport, include the appropriate fee with your payment.

FASTER PROCESSING: For an additional fee, you may request expedited service. Please include this fee in your payment and submit the application to the appropriate address. **Please write "Expedite" on the outer envelope when mailing. ALSO, TO ENSURE MINIMAL PROCESSING TIME for expedited applications, Passport Services recommends using overnight delivery when submitting the application AND including the appropriate postage fee for return overnight delivery for the completed passport.** Expedited service is only available in the United States. Please visit travel.state.gov for updated information regarding fees and processing times.

Enclose the expedite and/or overnight delivery fee in the form of a personal check or money order. **MAKE CHECKS PAYABLE TO "DEPARTMENT OF STATE." THE FULL NAME AND DATE OF BIRTH OF THE APPLICANT MUST BE TYPED OR PRINTED ON THE FRONT OF THE CHECK. DO NOT SEND CASH.** Passport Services cannot be responsible for cash sent through the mail. By law, the fees are non-refundable. Please visit our website at travel.state.gov for detailed information regarding current fees.

NOTE REGARDING MAILING ADDRESSES: Passport Services will not mail a passport to a private address outside the United States. If you do not live at the address listed in the "mailing address" then you must put the name of the person and mark it as "In Care Of." If your mailing address changes prior to receipt of your new passport, please contact the National Passport Information Center.

FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 USC 6039E) requires you to provide your Social Security Number (SSN), if you have one, when you apply for a U.S. passport or renewal of a U.S. passport. If you have not been issued a SSN, enter zeros in box #5 of this form. If you are residing abroad, you must also provide the name of the foreign country in which you are residing. The Department of State must provide your SSN and foreign residence information to the Department of Treasury. If you fail to provide the information, you are subject to a \$500 penalty enforced by the IRS. All questions on this matter should be directed to the nearest IRS office.

NOTICE TO CUSTOMERS APPLYING OUTSIDE A STATE DEPARTMENT FACILITY

If you send us a check, it will be converted into an electronic funds transfer (EFT). This means we will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually occur within 24 hours and will be shown on your regular account statement.

You will not receive your original check back. We will destroy your original check, but we will keep the copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, we may try to make the transfer up to two times and we will charge you a one-time fee of \$25, which we will also collect by EFT.

REMITTANCE OF FEES

Passport service fees are established by law and regulation (see 22 USC 214, 22 CFR 22.1, and 22 CFR 51.50-56) and are collected at the time you apply for the passport service. If the Department fails to receive full payment of the applicable fees because, for example, your check is returned for any reason or you dispute a passport fee charge to your credit card, the Department of State will take action to collect the delinquent fees from you under 22 CFR Part 34 and the Federal Claims Collection Standards (see 31 CFR Parts 900-904). In accordance with the Debt Collection Improvement Act (Pub.L. 104-134), if the fees remain unpaid after 180 days and no repayment arrangements have been made, the Department will refer the debt to the Department of Treasury for collection. Debt collection procedures used by Treasury may include referral of the debt to private collection agencies, reporting of the debt to credit bureaus, garnishment of private wages and administrative offset of the debt by reducing or withholding eligible federal payments (e.g. tax refunds, social security payments, federal retirement, etc.) by the amount of your debt, including any interest penalties or other costs incurred. In addition, non-payment of passport fees may result in the invalidation of your passport. An invalidated passport cannot be used for travel.

OTHER USES OF SOCIAL SECURITY NUMBERS

Your Social Security Number will be provided to Treasury, used in connection with debt collection, and checked against lists of persons ineligible or potentially ineligible to receive a U.S. passport, among other authorized uses.

PAPERWORK REDUCTION STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20520-2202.

IMPORTANT NOTICE TO APPLICANTS WHO HAVE LOST OR HAD A PREVIOUS PASSPORT BOOK AND/OR PASSPORT CARD STOLEN

A United States citizen may not normally bear more than one valid or potentially valid U.S. passport book or more than one valid or potentially valid U.S. passport card at a time. Therefore, when a valid or potentially valid U.S. passport book or U.S. passport card cannot be presented with a new application, it is necessary to submit a Form DS-64, Statement Regarding a Lost or Stolen Passport. Your statement must detail why the previous U.S. passport book or U.S. passport card cannot be presented.

The information you provide regarding your lost or stolen U.S. passport book or passport card will be placed into our Consular Lost or Stolen Passport System. This system is designed to prevent the misuse of your lost or stolen U.S. passport book or passport card. Anyone using the passport book or passport card reported as lost or stolen may be detained upon entry into the United States. Should you locate the U.S. passport book or passport card reported lost or stolen at a later time, report it as found and submit it for cancellation. It has been invalidated. You may not use that passport book or passport card for travel.

PROTECT YOURSELF AGAINST IDENTITY THEFT! REPORT YOUR LOST OR STOLEN PASSPORT BOOK OR PASSPORT CARD!

For more information or to report your lost or stolen passport book or passport card by phone, call NPIC or visit our website at travel.state.gov.

ACTS OR CONDITIONS

(If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, the portion which applies should be lined out, and a supplementary explanatory statement under oath (or affirmation) by the applicant should be attached and made a part of this application.) I have not, since acquiring United States citizenship/nationality, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States, or before a diplomatic or consular officer of the United States in a foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down, or to destroy by force, the government of the United States.

Furthermore, I have not been convicted for a federal or state drug offense or convicted for "sex tourism" crimes statute and I am not the subject of an outstanding federal, state or local warrant of arrest for a felony; a criminal court order forbidding my departure from the United States; a subpoena received from the United States in a matter involving federal prosecution for, or grand jury investigation of, a felony.

PRIVACY ACT STATEMENT

AUTHORITIES: Collection of the information solicited on this form is authorized by Titles 8, 22, and 26 of the United States Code, and other applicable laws and regulations, including 22 USC 211a et seq.; 8 USC 1104; 26 USC 6039E, Section 236 of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001; Executive Order 11295 (August 5, 1966); and 22 CFR parts 50 and 51.

PURPOSE: The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a U.S. passport.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies and private contractors to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement, fraud prevention, border security, counterterrorism, litigation activities, and administrative purposes. The information may be made available to foreign government agencies to fulfill passport control and immigration duties. The information may also be provided to foreign government agencies, international organizations and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address potential violations of law or to further the Secretary's responsibility for the protection of U.S. citizens and non-citizen nationals abroad. The information may be made available to the Department of Homeland Security and private employers for employment verification purposes. For a more detailed listing of the routine uses to which this information may be put see the Department of State's Prefatory Statement of Routine Uses relative to the Privacy Act (Public Notice 6290 of July 15, 2008) and the listing of routine users set forth in the System of Records Notices for Overseas Citizen Services Records (State-05) and Passport Records (State-26) published in the Federal Register.

Your social security numbers will be provided to the U.S. Department of Treasury and failure to provide it may subject you to a penalty, as described in the Federal Tax Law provision. It also may be used for identification verification for passport adjudication and in connection with debt collection, among other purposes as authorized and generally described in this section. Providing your social security number and other information requested on this form otherwise is voluntary, but failure to provide the information requested on this form may result in processing delays or the denial of your U.S. passport application.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Failure to provide the information requested on this form may result in Passport Services' refusal to accept your application or result in the denial of a U.S. passport.

ELECTRONIC PASSPORT STATEMENT

The Department of State now issues a type of passport book containing an embedded electronic chip and called an "Electronic Passport". The electronic passport book continues to be proof of the bearer's United States citizenship/nationality and identity, and looks and functions in the same way as a passport without a chip. The addition of an electronic chip in the back cover enables the passport book to carry a duplicate electronic copy of all information from the data page. The electronic passport book is usable at all ports-of-entry, including those that do not yet have electronic chip readers.

Use of the electronic format provides the traveler the additional security protections inherent in chip technology. Moreover, when used at ports-of-entry equipped with electronic chip readers, the electronic passport book provides for faster clearance through some of the port-of-entry processes.

The electronic passport book does not require special handling or treatment, but like previous versions should be protected from extreme heat, bending, and from immersion in water. The electronic chip must be read using specially formatted readers, which protects the data on the chip from unauthorized reading.

The cover of the electronic passport book is printed with a special symbol representing the embedded chip. The symbol  will appear in port-of-entry areas where the electronic passport book can be read.

NOTICE TO APPLICANTS FOR OFFICIAL, DIPLOMATIC, OR NO-FEE PASSPORTS

You may use this application if you meet all of the provisions listed on Instruction Page 2, however you must CONSULT YOUR SPONSORING AGENCY FOR INSTRUCTIONS ON PROPER ROUTING PROCEDURES BEFORE FORWARDING THIS APPLICATION. Your completed passport will be released to your sponsoring agency for forwarding to you.



APPLICATION FOR A U.S. PASSPORT

NAME CHANGE, DATA CORRECTION, AND LIMITED PASSPORT BOOK REPLACEMENT

Please Print Legibly Using Black Ink Only

OMB APPROVAL NO. 1405-0160
EXPIRATION DATE: 12-31-2013
ESTIMATED BURDEN: 30 MIN

Attention: Read WARNING on page 1 of instructions
Please select the 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. For more information see page 1 of instructions.

28 Page Book (Standard)
 52 Page Book (Non-Standard)

Note: The 52 page option is for those who frequently travel abroad during the passport validity period and is recommended for applicants who have previously required the addition of visa pages.

1. Name Last _____

First _____ Middle _____

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

3. Sex M F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.) _____

5. Social Security Number _____

6. Email Address (e.g. my_email@domain.com) _____ @ _____

7. Primary Contact Phone Number _____

D O DP DOTS Code _____

End. # _____ Exp. _____

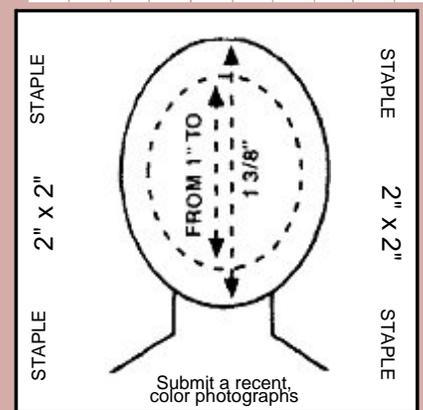
8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB. _____

Address Line 2: **Clearly label** Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g. In Care Of - Jane Doe, Apt # 100) _____

City _____ State _____ Zip Code _____ Country, if outside the United States _____

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.)

A. _____ B. _____



10. Passport Book and/or Passport Card Information

Your name as listed on your most recent passport book and/or passport card _____

Most recent passport book number _____ Book Issue Date (mm/dd/yyyy) _____

Most recent passport card number _____ Card Issue Date (mm/dd/yyyy) _____

CONTINUE TO PAGE 2

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

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 one of the instructions to the application form.

x _____
Applicant's Signature - age 16 and older

x _____
Parent's/Legal Guardian's Signature

_____ Date

FOR ISSUING OFFICE ONLY

Name Change Replacement Correction: LName FName MName DOB Sex POB Other

From: _____

To: _____

BC Nat/Citz Cert Report of Birth Prev PPT MC Adoption C/O NC C/O PIERS Other

Filed/Issued/Place: _____ Doc #: _____

Other: _____

Attached: _____

EF _____ Postage _____ Other _____


 * DS 5504 C 12 2010 1 *

Name of Applicant (Last, First & Middle) Date of Birth (mm/dd/yyyy)

11. Height 12. Hair Color 13. Eye Color 14. Occupation (if age 16 or older) 15. Employer or School (if applicable)

16. Additional Contact Phone Numbers Home Cell Work Home Cell Work

17. Permanent Address: If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address. Street/RFD # or URB (No P.O. Box) Apartment/Unit City State Zip Code

18. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency. Name Address: Street/RFD # or P.O. Box Apartment/Unit City State Zip Code Phone Number Relationship

19. Travel Plans Date of Trip (mm/dd/yyyy) Duration of Trip Countries to be visited

Please complete the following questions regarding your current passport book and/or passport card

Has your name changed by marriage or court order since your passport book or passport card was issued? Yes No Current Name Last First Middle Note: To complete a name change your submitted passport book and/or passport card must be less than one year old. Please submit evidence documenting your name change (such as a certified marriage certificate or court order) and your current passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions.

Was your identifying information printed incorrectly in your passport book or passport card? Yes No Name Last First Middle Date of Birth (mm/dd/yyyy) Sex M F Place of Birth (State or Country) Please submit evidence documenting your correct identifying information (such as a certified marriage certificate or birth certificate) and your current passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions.

Was your most recent passport limited for one year or less? Yes No Note: To complete a limited passport book replacement your submitted passport book must not be expired. Passport books limited in validity because of multiple losses cannot be extended. Please be sure to enclose your passport book along with this application to the address listed on page 2 of the instructions.





APPLICATION FOR A U.S. PASSPORT BY MAIL

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS.

Date of Application:

FOR INFORMATION, QUESTIONS, AND INQUIRIES: Please visit our website at travel.state.gov. In addition, contact the National Passport Information Center (NPIC) toll-free at **1-877-487-2778** (TDD: **1-888-874-7793**) or by email at **NPIC@state.gov**. Customer Service Representatives are available M-F 6AM-12 Midnight Eastern Time (excluding federal holidays). Automated information is available 24/7.

U.S. PASSPORTS, EITHER IN BOOK OR CARD FORMAT, ARE ISSUED ONLY TO U.S. CITIZENS OR NON-CITIZEN NATIONALS. EACH PERSON MUST OBTAIN HIS OR HER OWN PASSPORT BOOK OR PASSPORT CARD. THE PASSPORT CARD IS A U.S. PASSPORT ISSUED IN CARD FORMAT. LIKE THE TRADITIONAL PASSPORT BOOK, IT REFLECTS THE BEARER'S ORIGIN, IDENTITY, AND NATIONALITY AND IS SUBJECT TO EXISTING PASSPORT LAWS AND REGULATIONS. UNLIKE THE PASSPORT BOOK, THE PASSPORT CARD IS VALID ONLY FOR INTERNATIONAL TRAVEL BY LAND OR SEA BETWEEN THE UNITED STATES, CANADA, MEXICO, THE CARIBBEAN AND BERMUDA. IT IS NOT GLOBALLY INTEROPERABLE AND IS NOT VALID FOR TRAVEL BY AIR TO OR FROM ANY FOREIGN DESTINATION.

CAN I USE THIS FORM?

Complete this checklist to determine your eligibility to use this form.

I can submit my most recent U.S. passport book and/or U.S. passport card with this application.

Yes

No

I was at least 16 years old when my most recent U.S. passport book and/or U.S. passport card was issued.

Yes

No

I was issued my most recent U.S. passport book and/or U.S. passport card less than 15 years ago.

Yes

No

I use the same name as on my most recent U.S. passport book and/or U.S. passport card.

Yes

No

— OR —

I have had my name changed by marriage or court order and can submit proper documentation to reflect my name change.

If you answered NO to any of the four statements above, STOP – You cannot use this form!!!

You must apply on application form DS-11 by making a personal appearance before an acceptance agent authorized to accept passport applications. Visit travel.state.gov to find your nearest acceptance facility.

See Instruction Page 2 for Detailed Information on the Completion and Submission of this Form.

INCOMPLETE OR UNACCEPTABLE APPLICATIONS WILL DELAY THE ISSUANCE OF YOUR PASSPORT. NOTICE TO APPLICANTS RESIDING ABROAD

United States citizens residing abroad **CANNOT** submit this form to the Passport Facility listed on Instruction Page 2. Such applicants should contact the nearest United States embassy or consulate for procedures to be followed when applying overseas.

WARNING: False statements made knowingly and willfully in passport applications, including affidavits or other documents submitted to support this application, are punishable by fine and/or imprisonment under the provisions of 18 USC 1001, 18 USC 1542, and/or 18 USC 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 USC 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 USC 1544. All statements and documents are subject to verification.

WHAT DO I SEND WITH THIS APPLICATION FORM?

- Your most recent U.S. passport book and/or U.S. passport card
- A marriage certificate or court order if your name has changed
- Fees
- Two recent, color photographs

(Please visit our website at travel.state.gov for detailed information regarding current fees.)

See below for more detailed information.

- 1. YOUR MOST RECENT U.S. PASSPORT (BOOK AND/OR CARD FORMAT).** Submit your most recently issued passport book and/or passport card. When submitting a passport book and/or passport card with this form, please verify that the document was issued at age 16 or older in your current name (or see item #2 below) and issued within the past 15 years. If your U.S. passport is damaged, you must apply on the DS-11 Application form as specified below.
- 2. A MARRIAGE CERTIFICATE OR COURT ORDER.** If the name you are currently using differs from the name on your most recent passport, you must submit a marriage certificate or court order showing the change of name. The name change document may be a certified copy or a complete and unaltered photocopy showing a seal and officiate/judge signature. All documents will be returned to you by mail. If you are unable to document your name change in this manner, you must apply on the DS-11 Application form by making a personal appearance at (1) a passport agency; (2) any Federal or State court of record or any probate court accepting passport applications; or (3) a Post Office which has been selected to accept passport applications.
- 3. THE CURRENT PASSPORT FEE.** Enclose the fee in the form of a personal check or money order. **MAKE CHECKS PAYABLE TO "DEPARTMENT OF STATE." THE FULL NAME AND DATE OF BIRTH OF THE APPLICANT MUST BE TYPED OR PRINTED ON THE FRONT OF THE CHECK. DO NOT SEND CASH.** Passport Services cannot be responsible for cash sent through the mail. By law, the fees are non-refundable.
OVERNIGHT DELIVERY SERVICE: If you desire overnight delivery service for the return of your passport, please include the appropriate fee with your payment.
FASTER PROCESSING: For an additional fee, you may request expedited service. Please include this fee in your payment and submit the application to the appropriate address. **Please write "Expedite" on the outer envelope when mailing. Also, TO ENSURE MINIMAL PROCESSING TIME for expedited applications, Passport Services recommends using overnight delivery when submitting the application AND including the appropriate postage fee for return overnight delivery for the completed passport book or passport card.** Expedited service is available only in the United States. Please visit our website for updated information regarding fees and service times.
- 4. TWO RECENT, COLOR PHOTOGRAPHS.** Submit two color photographs of you alone, sufficiently recent to be a good likeness of you (normally taken within the last six months), and 2x2 inches in size. The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch and not more than 1 3/8 inches. The photographs must be color, clear, with a full front view of your face, and printed on thin paper with plain light (white or off-white) background. Photographs must be taken in normal street attire, without a hat, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Photographs retouched so that your appearance is changed are unacceptable. Snapshots, most vending machine prints, and magazine or full-length photographs are unacceptable. Digitized photos must meet the previously stated qualifications and will be accepted for use at the discretion of Passport Services. Visit our website for details and information regarding affixing the photograph to the application.

NOTE: If you choose to provide your e-mail address in Item #8 on this application, Passport Services will only use that information to contact you in the event there is a problem with your application or if you need to provide additional information to us.

WHERE DO I MAIL THIS APPLICATION?

ROUTINE SERVICE

MAIL THIS FORM TO:

National Passport Processing Center
Post Office Box 90155
Philadelphia, PA 19190-0155

EXPEDITED SERVICE (Additional Fee)

MAIL THIS FORM TO:

National Passport Processing Center
Post Office Box 90955
Philadelphia, PA 19190-0955

FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 U.S.C. 6039E) requires you to provide your Social Security Number (SSN), if you have one, when you apply for a U.S. passport or renewal of a U.S. passport. If you have not been issued a SSN, enter zeros in box #5 of this form. If you are residing abroad, you must also provide the name of the foreign country in which you are residing. The Department of State must provide your SSN and foreign residence information to the Department of Treasury. If you fail to provide the information, you are subject to a \$500 penalty enforced by the IRS. All questions on this matter should be directed to the nearest IRS office.

NOTICE TO CUSTOMERS MAKING PAYMENT BY CHECK

If you send us a check, it will be converted into an electronic funds transfer (EFT). This means we will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually occur within 24 hours, and will be shown on your regular account statement.

You will not receive your original check back. We will destroy your original check, but we will keep the copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, we may try to make the transfer up to two times and we will charge you a one-time fee of \$25, which we will also collect by EFT.

REMITTANCE OF FEES

31 U.S.C. 7701 requires persons "doing business" with a federal agency to provide their Social Security Numbers to that agency. Because the Department of State collects fees for the provision of passport services to you, you are considered a person "doing business" with the Department. Passport service fees are established by law and regulation (see 22 U.S.C. 214, 22 CFR 22.1, and 22 CFR 51.50–56) and are collected at the time you apply for the passport service. If the Department fails to receive full payment of the applicable fees, because, for example, your check is returned for any reason or you dispute a passport fee charge to your credit card, the Department of State will take action to collect the delinquent fees from you under 22 CFR Part 34 and the Federal Claims Collection Standards (see 31 CFR Parts 900–904). In accordance with the Debt Collection Improvement Act (Pub.L. 104–134), if the fees remain unpaid after 180 days and no repayment arrangements have been made, the Department will refer the debt to the Department of Treasury for collection. Debt collection procedures used by Treasury may include referral of the debt to private collection agencies, reporting of the debt to credit bureaus, garnishment of private wages and administrative offset of the debt by reducing or withholding eligible Federal payments (e.g. tax refunds, social security payments, federal retirement, etc.) by the amount of your debt, including any interest penalties or other costs incurred. In addition, non-payment of passport fees may result in the invalidation of your passport. An invalidated passport cannot be used for travel.

OTHER USES OF SOCIAL SECURITY NUMBERS

In addition to reporting your Social Security Number to Treasury and using it in connection with debt collection, the Department checks Social Security Numbers against lists of persons ineligible or potentially ineligible to receive a U.S. passport.

PAPERWORK REDUCTION STATEMENT

You are not required to provide the information requested on this form unless the form displays a currently valid OMB number. We try to create forms and instructions that can be easily understood. Often this is difficult to do because our citizenship laws are very complex. The estimated burden time for this information collection is 40 minutes, which includes the time required to search existing data sources, gather the necessary data, complete and review this form, and provide and submit the form and any additional information required. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to us at: U.S. Department of State (A/ISS/DIR) Washington, DC 20520.

IMPORTANT NOTICE TO APPLICANTS WHO HAVE LOST OR HAD A PREVIOUS PASSPORT BOOK AND/OR PASSPORT CARD STOLEN

A United States citizen may not normally bear more than one valid or potentially valid U.S. passport book or more than one valid or potentially valid U.S. passport card at a time. Therefore, when a valid or potentially valid U.S. passport book or U.S. passport card cannot be presented with a new application, it is necessary to submit a Form DS-64, Statement Regarding a Lost or Stolen Passport. Your statement must detail why the previous U.S. passport book or U.S. passport card cannot be presented.

The information you provide regarding your lost or stolen U.S. passport book or passport card will be placed into our Consular Lost or Stolen Passport System. This system is designed to prevent the misuse of your lost or stolen U.S. passport book or passport card. Anyone using the passport book or passport card reported as lost or stolen may be detained upon entry into the United States. Should you locate the U.S. passport book or passport card reported lost or stolen at a later time, report it as found and submit it for cancellation. It has been invalidated. You may not use that passport book or passport card for travel.

PROTECT YOURSELF AGAINST IDENTITY THEFT REPORT YOUR LOST OR STOLEN PASSPORT BOOK OR PASSPORT CARD!

For more information or to report your lost or stolen passport book or passport card by phone, call NPIC or visit our website at travel.state.gov.

ACTS OR CONDITIONS

(If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, the portion which applies should be lined out, and a supplementary explanatory statement under oath (or affirmation) by the applicant should be attached and made a part of this application.) I have not, since acquiring United States citizenship/nationality, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States, or before a diplomatic or consular officer of the United States in a foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down, or to destroy by force, the Government of the United States.

PRIVACY ACT STATEMENT

AUTHORITIES: Collection of the information solicited on this form is authorized by Titles 8, 22, and 26 of the United States Code, whether or not codified, including specifically 22 U.S.C. 211a et seq.; 26 U.S.C. 6039E, Section 236 of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001; Executive Order 11295 (August 5, 1966); and 22 CFR parts 50 and 51.

PURPOSE: The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a U.S. passport.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement and administrative purposes. The information may be made available to foreign government agencies to fulfill passport control and immigration duties. The information may also be provided to foreign government agencies, international organizations and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address potential violations of law or to further the Secretary's responsibility for the protection of U.S. citizens and non-citizen nationals abroad. The information may be made available to private U.S. citizen 'wardens' designated by the U.S. embassies and consulates. For a more detailed listing of the routine uses to which this information may be put, see the Prefatory Statement of Routine Uses and the listing of routine users set forth in the system descriptions for Overseas Citizen Services Records (State-05) and Passport Records (State-26) published in the Federal Register.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: With the exception of your Social Security Number (see Federal Tax Law statement on Instruction Page 3), you are not legally required to provide the information requested on this form. However, failure to do so may result in Passport Services' refusal to accept your application or result in the denial of a U.S. passport.

ELECTRONIC PASSPORT STATEMENT

The State Department has begun issuing a new type of passport book containing an embedded electronic chip and called an "Electronic Passport". The new passport book continues to be proof of the bearer's United States citizenship/nationality and identity, and looks and functions in the same way as a passport without a chip. The addition of an electronic chip in the back cover enables the new passport book to carry a duplicate electronic copy of all information from the data page. The new passport book is usable at all ports-of-entry, including those that do not yet have electronic chip readers.

Use of the electronic format provides the traveler the additional security protections inherent in chip technology. Moreover, when used at ports-of-entry equipped with electronic chip readers, the new passport book provides for faster clearance through some of the port-of-entry processes.

The new passport book does not require special handling or treatment, but like previous versions should be protected from extreme bending and from immersion in water. The electronic chip must be read using specially formatted readers, which protects the data on the chip from unauthorized reading.

The cover of the new passport book is printed with a special symbol representing the embedded chip. The symbol  will appear in port-of-entry areas where the electronic passport book can be read.

NOTICE TO APPLICANTS FOR OFFICIAL, DIPLOMATIC, OR NO-FEE PASSPORTS

You may use this application if you meet all of the provisions listed on Instruction Page 2, however you must CONSULT YOUR SPONSORING AGENCY FOR INSTRUCTIONS ON PROPER ROUTING PROCEDURES BEFORE FORWARDING THIS APPLICATION. Your completed passport will be released to your sponsoring agency for forwarding to you.



APPLICATION FOR A U.S. PASSPORT BY MAIL

OMB APPROVAL NO. 1405-0020
EXPIRATION DATE: 12-31-2010
ESTIMATED BURDEN: 40 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

First & Middle

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

3. Sex

M F

4. Place of Birth (City & State or City & Country as it is presently known)

5. Social Security Number

6. Mailing Address: Street/RFD # or P.O. Box

Apartment or unit #

City

State

Zip Code (Zip + 4 if known)

In Care Of or Country, if applicable

7. Contact Phone Number

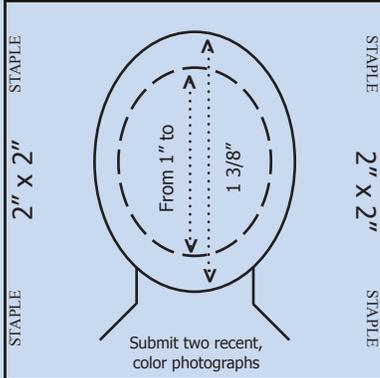
Home Cell
 Work

8. Email Address (Optional)

9. Have You Ever Used A Different Name (Maiden, Previous Marriage, Legal Name Change)? If yes, please complete. (Attach additional pages if needed)

1.

2.



10. Passport Book or Passport Card Information

Your name as listed on your most recent passport or passport card

Most recent passport book or passport card

Issue date (mm/dd/yyyy)

11. Name Change Information - Complete if name is different than last passport book or passport card

Changed by Marriage
 Changed by Court Order

Place of Name Change (City/State)

Date (mm/dd/yyyy)

Please submit marriage certificate or court order to support your name change.

CONTINUE TO PAGE 2

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

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.

x _____
Applicant's Signature

Date

This section for issuing office only

Marriage Certificate Date of Marriage/Place Issued:

Court Order Date Filed/Court:

Other:

Attached:



PPT Fee _____ EF _____ Postage _____ Other _____



DS 82 10 2007 1

Name of Applicant *(Last, First & Middle)* **Date of Birth** *(mm/dd/yyyy)*

--	--

12. Height **13. Hair Color** **14. Eye Color** **15. Occupation** **16. Employer**

--	--	--	--	--

17. Additional Contact Phone Numbers

	<input type="checkbox"/> Home <input 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"/> _____

18. Permanent Address: *Street/RFD # (No P.O. Box)* Apartment or unit #

--	--

City State Zip Code

--	--	--

19. Emergency Contact - *Provide the information of a person not traveling with you to be contacted in the event of an emergency.*

Name Address: Street/RFD # or P.O. Box Apartment or unit #

--	--	--

City State Zip Code Phone Number Relationship

--	--	--	--	--

20. Travel Plans

Date of Trip *(mm/dd/yyyy)* Length of Trip Countries to be visited

--	--	--

**STOP! YOU HAVE COMPLETED YOUR APPLICATION
BE SURE TO SIGN AND DATE PAGE ONE**





APPLICATION FOR A U.S. PASSPORT

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

I applied: Place: _____

Date: _____

FOR INFORMATION, QUESTIONS, AND INQUIRIES:

Please visit our website at travel.state.gov. In addition, you may contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD: 1-888-874-7793) or by email at NPIC@state.gov. Customer Service Representatives are available Monday-Friday 8:00a.m.-10:00p.m. Eastern Time (excluding federal holidays.) Automated information is available 24/7.

U.S. PASSPORTS, EITHER IN BOOK OR CARD FORMAT, ARE ISSUED ONLY TO U.S. CITIZENS OR NON-CITIZEN NATIONALS. EACH PERSON MUST OBTAIN HIS OR HER OWN PASSPORT BOOK OR PASSPORT CARD. THE PASSPORT CARD IS A U.S. PASSPORT ISSUED IN CARD FORMAT. LIKE THE TRADITIONAL PASSPORT BOOK, IT REFLECTS THE BEARER'S ORIGIN, IDENTITY, AND NATIONALITY AND IS SUBJECT TO EXISTING PASSPORT LAWS AND REGULATIONS. UNLIKE THE PASSPORT BOOK, THE PASSPORT CARD IS VALID ONLY FOR ENTRY TO THE UNITED STATES AT LAND BORDER CROSSINGS AND SEA PORTS OF ENTRY WHEN TRAVELING FROM CANADA, MEXICO, THE CARIBBEAN, AND BERMUDA. THE U.S. PASSPORT CARD IS NOT VALID FOR INTERNATIONAL AIR TRAVEL.

APPLICANTS WHO HAVE HAD A PREVIOUS U.S. PASSPORT BOOK AND/OR U.S. PASSPORT CARD

If your most recent passport book and/or passport card was issued less than 15 years ago and you were over 16 years old at the time of issuance, you may be eligible to use Form DS-82. To determine your eligibility, please visit travel.state.gov, or contact NPIC. Address any requests for the addition of visa pages to a passport agency or a U.S. consulate or embassy abroad. In advance of your departure, check for any visa requirements with consular officials of the countries you will be visiting.

SPECIAL REQUIREMENTS FOR CHILDREN

● **AS DIRECTED BY PUBLIC LAW 106-113 AND 22 CFR 51.28:**

To submit an application for a child under age 16 **both parents or the child's legal guardian(s) must appear** and present the following:

- Evidence of the child's U.S. citizenship
- Evidence of the child's relationship to parents/guardian(s), **AND**
- Parental/guardian identification.

IF ONLY ONE PARENT APPEARS, YOU MUST ALSO SUBMIT ONE OF THE FOLLOWING:

- Second parent's notarized written statement or DS-3053 (including the child's full name and date of birth) consenting to the passport issuance for the child. Statement can not be more than 3 months old and must come with a photocopy of the front and back side of the second parent's identification, **OR**
- Second parent's death certificate if second parent is deceased, **OR**
- Primary evidence of sole authority to apply, **OR**
- A written statement or DS-3053 (made under penalty of perjury) explaining in detail the second parent's unavailability.

● **AS DIRECTED BY REGULATION 22 CFR 51.21 AND 51.28:**

- Each minor child applying for a passport book and/or passport card must appear in person.

FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM, INCLUDING YOUR SOCIAL SECURITY NUMBER, MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR THE DENIAL OF YOUR APPLICATION.

WHAT TO SUBMIT WITH THIS FORM:

1. **PROOF OF U.S. CITIZENSHIP** (Evidence of U.S. citizenship that is not damaged, altered, or forged will be returned to you.)
2. **PROOF OF IDENTITY** (You must present your original identification **AND** submit a photocopy of the front and back side with your passport application.)
3. **RECENT COLOR PHOTOGRAPH** (Photograph must meet passport requirements – full front view of the face and 2x2 inches in size.)
4. **FEES** (Please visit our website at travel.state.gov for current fees.)

See page 2 of the instructions for detailed information on the completion and submission of this form.

WHERE TO SUBMIT THIS FORM:

Please complete and submit this application in person to one of the following acceptance agents: a clerk of a federal or state court of record or a judge or clerk of a probate court accepting applications; a designated municipal or county official; a designated postal employee at an authorized post office; an agent at a passport agency (by appointment only); or a U.S. consulate official at a U.S. embassy or consulate, if abroad. To find your nearest acceptance facility, visit travel.state.gov or contact the National Passport Information Center.

WARNING: False statements made knowingly and willfully in passport applications, including affidavits or other documents submitted to support this application, are punishable by fine and/or imprisonment under U.S. law including the provisions of 18 USC 1001, 18 USC 1542, and/or 18 USC 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 USC 1543. The use of a passport in violation of the restrictions contained herein or of the passport regulations is punishable by fine and/or imprisonment under 18 USC 1544. All statements and documents are subject to verification.

1. PROOF OF U.S. CITIZENSHIP

APPLICANTS BORN IN THE UNITED STATES: Submit a previous U.S. passport or **certified** birth certificate. Passports that are limited in validity will need to be supplemented by other evidence. A birth certificate must include your full name, date and place of birth, sex, date the birth record was filed, the seal or other certification of the official custodian of such records (state, country, or city/town office), and the full names of your parent(s).

- **If the birth certificate was filed more than 1 year after the birth:** It must be supported by evidence described in the next paragraph.

- **If no birth record exists:** Submit a registrar's notice to that effect. Also, submit a combination of the following evidence: an early baptismal or circumcision certificate, hospital birth record, early census, school, medical, or family Bible records, or newspapers or insurance files. Notarized affidavits of persons having knowledge of your birth may be submitted in addition to some of the records listed above. Evidence should include your given name and surname, date and/or place of birth, and the seal or other certification of the office (if customary) and the signature of the issuing official. Visit travel.state.gov for details.

APPLICANTS BORN OUTSIDE THE UNITED STATES: Submit a previous U.S. passport, Certificate of Naturalization, Certificate of Citizenship, Report of Birth Abroad, or evidence described below:

- **If you Claim Citizenship through Naturalization of Parent(s):** Submit the Certificate(s) of Naturalization of your parent(s), your foreign birth certificate (and official translation if the document is not in English), **and** proof of your admission to the United States for permanent residence.

- **If you Claim Citizenship through Birth Abroad to One U.S. Citizen Parent:** Submit a Consular Report of Birth (Form FS-240), Certification of Birth (Form DS-1350 or FS-545), **or** your foreign birth certificate (and official translation if the document is not in English), proof of citizenship of your parent, your parents' marriage certificate, **and** an affidavit showing all of your U.S. citizen parents' periods and places of residence/physical presence in the United States and abroad before your birth.

- **If you Claim Citizenship through Birth Abroad to Two U.S. Citizen Parents:** Submit a Consular Report of Birth (Form FS-240), Certification of Birth (Form DS-1350 or FS-545), **or** your foreign birth certificate (and official translation if the document is not in English), parents' marriage certificate, proof of your parents' citizenship, **and** an affidavit showing all of your U.S. citizen parents' periods and places of residence/physical presence in the United States and abroad before your birth.

- **If you Claim Citizenship through Adoption by a U.S. Citizen Parent(s):** Submit evidence of your permanent residence status, full and final adoption, **and** your U.S. citizen parent(s) evidence of legal and physical custody. (**NOTE:** Acquisition of U.S. citizenship for persons born abroad and adopted only applies if the applicant was born on or after 02/28/1983.)

ADDITIONAL EVIDENCE: You must establish your citizenship to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your claim to U.S. citizenship.

NOTE: You may receive your newly issued document and your returned citizenship evidence in two separate mailings. If you are applying for both a passport book and passport card, you may receive three separate mailings; one with your returned citizenship evidence; one with your newly issued passport book, and one with your newly issued passport card.

2. PROOF OF IDENTITY

You may submit items such as the following containing your signature AND a photograph that is a good likeness of you: previous or current U.S. passport book; previous or current U.S. passport card; driver's license (not temporary or learner's license); Certificate of Naturalization; Certificate of Citizenship; military identification; or federal, state, or municipal government employee identification card. Temporary or altered documents are not acceptable.

You must establish your identity to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your identity. If you have changed your name, please see travel.state.gov for instructions.

IF YOU CANNOT PROVIDE DOCUMENTARY EVIDENCE OF IDENTITY as stated above, you must appear with an IDENTIFYING WITNESS who is a U.S. citizen, non-citizen U.S. national, or permanent resident alien who has known you for at least 2 years. Your witness must prove his or her identity and complete and sign an Affidavit of Identifying Witness (Form DS-71) before the acceptance agent. You must also submit some identification of your own.

3. RECENT COLOR PHOTOGRAPH

Submit a color photograph of you alone, sufficiently recent to be a good likeness of you (taken within the last six months), and 2x2 inches in size. The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of your face, and printed on thin paper with a plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Headphones, "bluetooth", or similar devices must **not** be worn in passport photographs. Any photographs retouched so that your appearance is changed are unacceptable. Snapshots, most vending machine prints, and magazine or full-length photographs are unacceptable. Digitized photos must meet the previously stated qualifications and will be accepted for use at the discretion of Passport Services. Visit our website at travel.state.gov for details and information.

4. FEES

● **If you are sixteen years of age or older:** Your passport will be valid for 10 years from the date of issue except where limited by the Secretary of State to a shorter period. (See information below about the additional cost for expedited service.)

● **If you are under sixteen years of age:** Your passport will be valid for 5 years from the date of issue except where limited by the Secretary of State to a shorter period. (see information below about the additional cost for expedited service.)

BY LAW, THE PASSPORT FEES ARE NON-REFUNDABLE. PLEASE VISIT OUR WEBSITE AT TRAVEL.STATE.GOV FOR CURRENT FEES.

● **The passport processing, execution, and security fees may be paid in any of the following forms:** Checks (personal, certified, or traveler's) with the applicant's full name and date of birth printed on the front; major credit card (Visa, Master Card, American Express, and Discover); bank draft or cashier's check; money order (U.S. Postal, international, currency exchange), or if abroad, the foreign currency equivalent, or a check drawn on a U.S. bank. All fees should be payable to the "Department of State" or if abroad, the appropriate U.S. embassy or U.S. consulate. When applying at a designated acceptance facility, the execution fee will be paid separately and should be made payable to the acceptance facility. **NOTE: Some designated acceptance facilities do not accept credit cards as a form of payment.**

● **For faster processing,** you may request expedited service. Please include the expedite fee in your payment. Our website contains updated information regarding fees and processing times for expedited service. Expedited service is available only in the United States.

● **If you desire OVERNIGHT DELIVERY SERVICE** for the return of your passport, please include the appropriate fee with your payment.

● An additional fee will be charged when, upon your request, the U.S. Department of State verifies issuance of a previous U.S. passport or Consular Report of Birth Abroad because you are unable to submit evidence of U.S. citizenship.

● **For applicants with U.S. government or military authorization for no-fee passports,** no fees are charged except the execution fee when applying at a designated acceptance facility.

NOTE REGARDING MAILING ADDRESSES: Passport Services will not mail a passport to a private address outside the United States. If you do not live at the address listed in the "mailing address" then you must put the name of the person and mark it as "In Care Of." If your mailing address changes prior to receipt of your new passport, please contact the National Passport Information Center.

If you choose to provide your email address in Item #6 on this application, Passport Services will use that information to contact you in the event there is a problem with your application or if you need to provide information to us.

FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 USC 6039E) requires you to provide your Social Security Number (SSN), if you have one, when you apply for a U.S. passport or renewal of a U.S. passport. If you have not been issued a SSN, enter zeros in box #5 of this form. If you are residing abroad, you must also provide the name of the foreign country in which you are residing. The Department of State must provide your SSN and foreign residence information to the Department of Treasury. If you fail to provide the information, you are subject to a \$500 penalty enforced by the IRS. All questions on this matter should be directed to the nearest IRS office.

NOTICE TO CUSTOMERS APPLYING OUTSIDE A STATE DEPARTMENT FACILITY

If you send us a check, it will be converted into an electronic funds transfer (EFT). This means we will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually occur within 24 hours and will be shown on your regular account statement.

You will not receive your original check back. We will destroy your original check, but we will keep the copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, we may try to make the transfer up to two times and we will charge you a one-time fee of \$25, which we will also collect by EFT.

REMITTANCE OF FEES

Passport service fees are established by law and regulation (see 22 USC 214, 22 CFR 22.1, and 22 CFR 51.50-56) and are collected at the time you apply for the passport service. If the Department fails to receive full payment of the applicable fees because, for example, your check is returned for any reason or you dispute a passport fee charge to your credit card, the Department of State will take action to collect the delinquent fees from you under 22 CFR Part 34 and the Federal Claims Collection Standards (see 31 CFR Parts 900-904). In accordance with the Debt Collection Improvement Act (Pub.L. 104-134), if the fees remain unpaid after 180 days and no repayment arrangements have been made, the Department will refer the debt to the Department of Treasury for collection. Debt collection procedures used by Treasury may include referral of the debt to private collection agencies, reporting of the debt to credit bureaus, garnishment of private wages and administrative offset of the debt by reducing or withholding eligible federal payments (e.g. tax refunds, social security payments, federal retirement, etc.) by the amount of your debt, including any interest penalties or other costs incurred. In addition, non-payment of passport fees may result in the invalidation of your passport. An invalidated passport cannot be used for travel.

OTHER USES OF SOCIAL SECURITY NUMBERS

Your Social Security Number will be provided to Treasury, used in connection with debt collection and checked against lists of persons ineligible or potentially ineligible to receive a U.S. passport, among other authorized uses.

PAPERWORK REDUCTION STATEMENT

Public reporting burden for this collection of information is estimated to average 85 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20520-2202.

IMPORTANT NOTICE TO APPLICANTS WHO HAVE LOST OR HAD A PREVIOUS PASSPORT BOOK AND/OR PASSPORT CARD STOLEN

A United States citizen may not normally bear more than one valid or potentially valid U.S. passport book or more than one valid or potentially valid U.S. passport card at a time. Therefore, when a valid or potentially valid U.S. passport book or U.S. passport card cannot be presented with a new application, it is necessary to submit a Form DS-64, Statement Regarding a Lost or Stolen Passport. Your statement must detail why the previous U.S. passport book or U.S. passport card cannot be presented.

The information you provide regarding your lost or stolen U.S. passport book or passport card will be placed into our Consular Lost or Stolen Passport System. This system is designed to prevent the misuse of your lost or stolen U.S. passport book or passport card. Anyone using the passport book or passport card reported as lost or stolen may be detained upon entry into the United States. Should you locate the U.S. passport book or passport card reported lost or stolen at a later time, report it as found and submit it for cancellation. It has been invalidated. You may not use that passport book or passport card for travel.

PROTECT YOURSELF AGAINST IDENTITY THEFT! REPORT YOUR LOST OR STOLEN PASSPORT BOOK OR PASSPORT CARD!

For more information or to report your lost or stolen passport book or passport card by phone, call NPIC or visit our website at travel.state.gov.

ACTS OR CONDITIONS

(If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, the portion which applies should be lined out, and a supplementary explanatory statement under oath (or affirmation) by the applicant should be attached and made a part of this application.) I have not, since acquiring United States citizenship/nationality, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States, or before a diplomatic or consular officer of the United States in a foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down, or to destroy by force, the government of the United States.

Furthermore, I have not been convicted for a federal or state drug offense or convicted for "sex tourism" crimes statute and I am not the subject of an outstanding federal, state or local warrant of arrest for a felony; a criminal court order forbidding my departure from the United States; a subpoena received from the United States in a matter involving federal prosecution for, or grand jury investigation of, a felony.

PRIVACY ACT STATEMENT

AUTHORITIES: Collection of the information solicited on this form is authorized by Titles 8, 22, and 26 of the United States Code, and other applicable laws and regulations, including 22 USC 211a et seq.; 8 USC 1104; 26 USC 6039E, Section 236 of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001; Executive Order 11295 (August 5, 1966); and 22 CFR parts 50 and 51.

PURPOSE: The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a U.S. passport.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies and private contractors to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement, fraud prevention, border security, counterterrorism, litigation activities, and administrative purposes. The information may also be provided to foreign government agencies, international organizations and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address potential violations of law or to further the Secretary's responsibility for the protection of U.S. citizens and non-citizen nationals abroad. The information may be made available to the Department of Homeland Security and private employers for employment verification purposes. For a more detailed listing of the routine uses to which this information may be put see the Department of State's Prefatory Statement of Routine Uses relative to the Privacy Act (Public Notice 6290 of July 15, 2008) and the listing of routine users set forth in the System of Records Notices for Overseas Citizen Services Records (State-05) and Passport Records (State-26) published in the Federal Register.

Your social security numbers will be provided to the U.S. Department of Treasury and failure to provide it may subject you to a penalty, as described in the Federal Tax Law provision. It also may be used for identification verification for passport adjudication and in connection with debt collection, among other purposes as authorized and generally described in this section. Providing your social security number and other information requested on this form otherwise is voluntary, but failure to provide the information requested on this form may result in processing delays or the denial of your U.S. passport application.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Failure to provide the information requested on this form may result in Passport Services' refusal to accept your application or result in the denial of a U.S. passport.

ELECTRONIC PASSPORT STATEMENT

The Department of State now issues a type of passport book containing an embedded electronic chip and called an "Electronic Passport". The electronic passport book continues to be proof of the bearer's United States citizenship/nationality and identity, and looks and functions in the same way as a passport without a chip. The addition of an electronic chip in the back cover enables the passport book to carry a duplicate electronic copy of all information from the data page. The electronic passport book is usable at all ports-of-entry, including those that do not yet have electronic chip readers.

Use of the electronic format provides the traveler the additional security protections inherent in chip technology. Moreover, when used at ports-of-entry equipped with electronic chip readers, the electronic passport book provides for faster clearance through some of the port-of-entry processes.

The electronic passport book does not require special handling or treatment, but like previous versions should be protected from extreme heat, bending, and from immersion in water. The electronic chip must be read using specially formatted readers, which protects the data on the chip from unauthorized reading.

The cover of the electronic passport book is printed with a special symbol representing the embedded chip. The symbol  will appear in port-of-entry areas where the electronic passport book can be read.

NOTICE TO APPLICANTS FOR OFFICIAL, DIPLOMATIC, OR NO-FEE PASSPORTS

You may use this application if you meet all of the provisions listed on Instruction Page 2, however you must CONSULT YOUR SPONSORING AGENCY FOR INSTRUCTIONS ON PROPER ROUTING PROCEDURES BEFORE FORWARDING THIS APPLICATION. Your completed passport will be released to your sponsoring agency for forwarding to you.



APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB APPROVAL NO. 1405-0004
 EXPIRATION DATE: 12-31-2013
 ESTIMATED BURDEN: 85 MIN

Attention: Read WARNING on page 1 of instructions

Please select the 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. For more information see page 1 of instructions.

28 Page Book (Standard) 52 Page Book (Non-Standard)

Note: The 52 page option is for those who frequently travel abroad during the passport validity period and is recommended for applicants who have previously required the addition of visa pages.

1. Name Last

First	Middle	

D O DP DOTS Code _____

End. # _____ Exp. _____

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

--	--	--	--

3. Sex

M F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.)

--	--

5. Social Security Number

--	--	--	--

6. Email Address (e.g. my_email@domain.com)

--	--

7. Primary Contact Phone Number

--	--	--	--

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

--

Address Line 2: **Clearly label** Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g. In Care Of - Jane Doe, Apt # 100)

--

City

--	--	--	--

State

Zip Code

Country, if outside the United States

--	--	--	--

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A.	B.
----	----

10. Parental Information

Mother/Father/Parent - First & Middle Name

Last Name (at Parent's Birth)

--	--

Date of Birth (mm/dd/yyyy)

--	--	--	--

Place of Birth

--

Sex

Male Yes
 Female No

U.S. Citizen?

Mother/Father/Parent - First & Middle Name

Last Name (at Parent's Birth)

--	--

Date of Birth (mm/dd/yyyy)

--	--	--	--

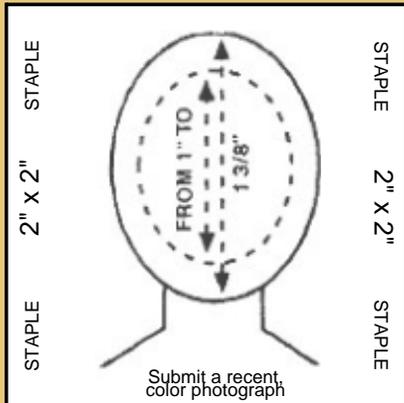
Place of Birth

--

Sex

Male Yes
 Female No

U.S. Citizen?



CONTINUE TO PAGE 2

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

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 one of the instructions to the application form.

x _____
Applicant's Legal Signature - age 16 and older

x _____
Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

x _____
Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

Acceptance Agent (Vice) Consul USA Passport Staff Agent

(Seal) _____
 Facility Name/Location

 Signature of person authorized to accept applications

 Date

Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)

Driver's License Issue Date _____ Exp. Date _____ Place of Issue _____

Passport

Military Name _____

Other _____ ID No _____

Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)

Driver's License Issue Date _____ Exp. Date _____ Place of Issue _____

Passport

Military Name _____

Other _____ ID No _____

For Issuing Office Only → Bk _____ Card _____ Execution _____ EF _____ Postage _____ Other _____



Name of Applicant (Last, First & Middle) _____ **Date of Birth** (mm/dd/yyyy) _____

11. Height _____ **12. Hair Color** _____ **13. Eye Color** _____ **14. Occupation** (if age 16 or older) _____ **15. Employer or School** (if applicable) _____

16. Additional Contact Phone Numbers

_____ Home Cell _____ Home Cell
 Work _____ Work _____

17. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.

Street/RFD # or URB (**No P.O. Box**) _____ Apartment/Unit _____

City _____ State _____ Zip Code _____

18. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.

Name _____ Address: Street/RFD # or P.O. Box _____ Apartment/Unit _____

City _____ State _____ Zip Code _____ Phone Number _____ Relationship _____

19. Travel Plans

Date of Trip (mm/dd/yyyy) _____ Duration of Trip _____ Countries to be Visited _____

20. Have you ever been married? Yes No *If yes, complete the remaining items in #20.*

Full Name of Current Spouse or Most Recent Spouse _____ Date of Birth (mm/dd/yyyy) _____ Place of Birth _____ U.S. Citizen? Yes No

Date of Marriage (mm/dd/yyyy) _____ Have you ever been widowed or divorced? Yes No Date (mm/dd/yyyy) _____

21. Have you ever applied for or been issued a U.S. Passport Book? Yes No *If yes, complete the remaining items in #21*

Name as printed on your most recent passport book _____ Most recent passport book number _____

Status of your most recent passport book _____ Date most recent passport book was issued _____
 Submitting with application Stolen Lost In my possession (if expired) or approximate date you applied (mm/dd/yyyy)

22. Have you ever applied for or been issued a U.S. Passport Card? Yes No *If yes, complete the remaining items in #22*

Name as printed on your most recent passport card _____ Most recent passport card number _____

Status of your most recent passport card _____ Date most recent passport card was issued _____
 Submitting with application Stolen Lost In my possession (if expired) or approximate date you applied (mm/dd/yyyy)

PLEASE DO NOT WRITE BELOW THIS LINE

FOR ISSUING OFFICE ONLY

Sole Parent

Name as it appears on citizenship evidence _____

Birth Certificate SR CR City Filed: _____ Issued: _____

Report of Birth 240 545 1350 Filed/City: _____

Nat. / Citiz. Cert. Date/Place Acquired: _____ A# _____

Passport C/R S/R Per PIERS #/DOI: _____

Other: _____

Attached: _____

P/C of ID DS-3053 DS-64 Bio Quest Citiz W/S DS-10 DS-86 DS-71 DS-60



* DS 11 C 12 2010 2 *

Appendix E: Notice of Client Name Change

[Your Legal Name]
[Street Address 1]
[Street Address 2]
[City, State, ZIP Code]

[Date]

[Name of Business]
[Street Address 1]
[Street Address 2]
[City, State, ZIP Code]

To Whom It May Concern:

This letter is to inform you that I have recently had a legal name change. I am writing to you so that you may update your records. My former name was [Former Name]. My current legal name and contact information is:

[Your Legal Name]
[Street Address 1]
[Street Address 2]
[City, State, ZIP Code]

I have enclosed a photocopy of a certified copy of the court order. If you have any questions, you may contact me at [Your Phone Number].

Sincerely,

[Legal Name]