

U.S. Department of State

APPLICATION FOR A U.S. PASSPORT

Use black ink only, if you make an error, complete a new form, Do not correct.

OMB CONTROL NO.: 1405-0004 EXPIRATION DATE: 12-31-2023 ESTIMATED BURDEN: 85 MIN

Select document(s) for which you are submitting fees: U.S. Passport Book		
1. Name Last A B D (End. #		
MANAAL NOOP		
2. Date of Birth (mm/dd/yyyy) 3. Sex 4. Place of Birth (City & State if in the U.S. or City & Country as it is presently known.)		
12082021 X NAIROBI KENYA		
5. Social Security Number 6. Email (see application status at passportstatus.state.gov) 7. Primary Contact Phone Number n oor n omar @ gmail. com 0 7 9 9 9 9 5 1 9 0		
8. Mailing Address Line 1: (Street/RFD#, P.O. Box or URB)		
JAAM STREET		
Address Line 2: (Include Apartment, Suite, etc. If applicant is a child, write "In Care Of" of the parent. Example: In Care Of - Jane Doe, mother) FASTLEICH		
City State Zip Code Country, (if outside the United States) NAIROBI KENYA		
9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.)		
B. STOP! CONTINUE TO PAGE 2		
DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGEN Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Second Signature Line (If identifying minor) Driver's License		
Attach a color photograph taken within the last six months Color Color		
Acceptance Agent (Vice) Consul USA Issue Date (mm/dd/yyyy) Passport Staff Agent ID No Country of		
I declare under penalty of perjury all of the following: 1) I am a citizen or non- have not performed any of the acts listed under "Acts or Conditions" on page 4 of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page 4 of the instructions to the application form.		
Signature of person authorized to accept applications Date Applicant's Legal Signature - age 16 and older		
By signing this form, I certify that I have provided the verbal oath and witnessed the applicant's/legal guardian's signature. Agent ID Number Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)		
Print Facility Name/Location Facility ID Number X Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)		

Name of Applicant (Last, First, & Middle)	Date of Birth (mm/dd/yyyy)	
ABDÍ MANAAL NOOR		
10. Parental Information (Mother/Father/Parent - First & Middle Name (<u>at Parent's Birth</u>)	Last Name (at Parent's Birth)	
SOPHIA MUSTAFA	HUSSEIN	
Date of Birth (mm/dd/yyyy) Place of Birth (City & State if in the U.S. or City	& Country as it is presently known) Sex U.S. Citizen?	
10051992 GARISSA	KENYA Male XYes	
Mother/Father/Parent - First & Middle Name (at Parent's Birth)	Last Name (at Parent's Birth)	
NOOR ABDI	OMAR	
Date of Birth (mm/dd/yyyy) Place of Birth (City & State if in the U.S. or City		
01 01 1987 KISMAYO SO	Male Yyes Female No	
11. Have you ever been married? Yes XNo If yes, complete the remaining items in #11.		
Full Name of Current Spouse or Most Recent Spouse (Last, First & Middle)	te of Birth (mm/dd/yyyy) Place of Birth	
U.S. Citizen? Date of Marriage Have you ever been v Yes No (mm/dd/yyyy) Yes	vidowed or divorced? Widow/Divorce Date No (mm/dd/yyyy)	
	n (if age 16 or older) 14. Employer or School (if applicable)	
071 505 0653 Home X Cell Work	N/A	
15. Height 16. Hair Color 17. Eye Color Departure Date (mm/dd/yyyy) Return Departure Date (mm/dd/yyyy)	ase write "none") late (mm/dd/vvvv) Countries to be Visited	
21" Black Brown 02/27/2022	USA	
19. Permanent Address (Complete if P.O. Box is listed under Mailing Address or if residence is	different from Mailing Address. Do not list a P.O. Box)	
Street/RFD # or URB	Apartment/Unit	
City	State Zip Code	
20. Your Emergency Contact Provide the information of a person not traveling with you to be contacted in the event of an emergency. Address: Street/RFD # or P.O. Box Apartment/Unit		
SOPHIA MUSTAFA HUSSEN JAAM	STREET	
City State Zip Code	Phone Number Relationship	
NAIROBI, KENYA	0715050653 Mother	
21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? Yes No If yes, complete the remaining items in #21.		
	sport book number Most recent passport book issue date (mm/dd/yyyy)	
	Mark Control of the C	
Status of your most recent passport book: Submitting with application Stolen	Lost In my possession (if expired)	
Name as printed on your most recent passport card Most recent pas	sport <u>card</u> number Most recent passport <u>card</u> issue date (mm/dd/yyyy)	
Status of your most recent passport card: Submitting with application Stolen	Lost In my possession (if expired)	
PLEASE DO NOT WRITE BELOW THIS LIF	NE - FOR ISSUING OFFICE ONLY	
Name as it appears on citizenship evidence		
Birth Certificate SR CR City Filed: Issued:	Sole Parent	
Nat. / Citz. Cert. USCIS USDC Date/Place Acquired:		
Report of Birth Filed/Place:		
Passport C/R S/R See #21 #/DOI:		
Other:	135 A. P. D. S.	
Attached:		
P/C of Citz P/C of ID DS-71 DS-3053 DS-64 DS-5520 DS-5525 PAW	DS 11 C 12 2020 2	