

Name of Applicant (Last, First, & Middle)			Date of Birth (mm/dd/yyyy)		
Oung, Katherine Lele			08/12/2003		
10. Parental Information					
Mother/Father/Parent - First & Middle Name (at Parent's Birth)			Last Name (at Parent's Birth)		
Yaling			Hu		
Date of Birth (mm/dd/yyyy)		Place of Birth (City & State if in the U.S. or City & Country as it is presently known)		Gender	
01/27/1969		N a n c h a n g , C h i n a		<input type="checkbox"/> M <input checked="" type="checkbox"/> F <input type="checkbox"/> X	
Mother/Father/Parent - First & Middle Name (at Parent's Birth)			Last Name (at Parent's Birth)		
Jianjun			Oung		
Date of Birth (mm/dd/yyyy)		Place of Birth (City & State if in the U.S. or City & Country as it is presently known)		Gender	
12/09/1967		Y u y a o , C h i n a		<input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
11. Have you ever been married? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete the remaining items in #11.					
Full Name of Current Spouse or Most Recent Spouse (Last, First & Middle)		Date of Birth (mm/dd/yyyy)		Place of Birth	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Marriage (mm/dd/yyyy)		Have you ever been widowed or divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Widow/Divorce Date (mm/dd/yyyy)	
12. Additional Contact Phone Number		13. Occupation (if age 16 or older)		14. Employer or School (if applicable)	
		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>			
18. Travel Plans (If no travel plans, please write "none")					
15. Height		16. Hair Color		17. Eye Color	
5ft2in		Black		Black	
18. Departure Date (mm/dd/yyyy)		18. Return Date (mm/dd/yyyy)		Countries to be Visited	
03/09/2024		03/17/2024		France	
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.)					
Name		Address: Street/RFD # or P.O. Box			Apartment/Unit
Jianjun Oung		9844 Woolworth Ct			
City		State	Zip Code	Phone Number	Relationship
Wellington		F L	33414	561-306-2947	Father
21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the remaining items in #21.					
Name as printed on your most recent passport book		Most recent passport book number		Most recent passport book issue date (mm/dd/yyyy)	
Katherine Lele Oung		503746226		06/05/2013	
Status of your most recent passport book: <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input checked="" type="checkbox"/> In my possession (if expired)					
Name as printed on your most recent passport card		Most recent passport card number		Most recent passport card issue date (mm/dd/yyyy)	
Status of your most recent passport card: <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)					
PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY					
Name as it appears on citizenship evidence					
<input type="checkbox"/> Birth Certificate SR CR City Filed: Issued: <input type="checkbox"/> Sole Parent					
<input type="checkbox"/> Nat. / Citiz. Cert. USCIS USDC Date/Place Acquired: A#					
<input type="checkbox"/> Report of Birth Filed/Place:					
<input type="checkbox"/> Passport C/R S/R See #21 #/DOI:					
<input type="checkbox"/> Other:					
<input type="checkbox"/> Attached:					
<input type="checkbox"/> P/C of Citiz <input type="checkbox"/> P/C of ID <input type="checkbox"/> DS-71 <input type="checkbox"/> DS-3053 <input type="checkbox"/> DS-64 <input type="checkbox"/> DS-5520 <input type="checkbox"/> DS-5525 <input type="checkbox"/> PAW <input type="checkbox"/> NPIC <input type="checkbox"/> IRL <input type="checkbox"/> Citiz W/S					
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