



U.S. Department of State  
**APPLICATION FOR A U.S. PASSPORT**

OMB Control No. 1405-0004  
Expiration Date: 04-30-2025  
Estimated Burden: 85 Minutes

**Please read all instructions first and type or print in black ink to complete this form.**

For information or questions, visit [travel.state.gov](https://travel.state.gov) or contact the National Passport Information Center (NPIC) at 1-877-487-2778 (TDD/TTY: 1-888-874-7793) or [NPIC@state.gov](mailto:NPIC@state.gov).

**SECTION A. ELIGIBILITY TO USE THIS FORM**

This form is used to apply for a U.S. passport book and/or card **in person** at an acceptance facility, a passport agency (by appointment only), or a U.S. embassy, consulate, or consular agency (if abroad). The U.S. passport is a travel document attesting to one's identity and issued to U.S. citizens or non-citizen U.S. nationals. To be eligible to use this form you must **apply in person** if at least one of the following is true:

- ✓ I am applying for my first U.S. passport
- ✓ I am under age 16
- ✓ My previous U.S. passport was either: a) issued under age 16; b) issued more than 15 years ago; c) lost, stolen, or damaged

**If none of the above statements apply to you, then you may be eligible to apply using form DS-82 or DS-5504 depending on your circumstances. [Visit travel.state.gov](https://travel.state.gov) for more information.**

- **Notice to Applicants Under Age 16:** You must appear in person to apply for a U.S. passport with your parent(s) or legal guardian(s). See Section D of these instructions or [travel.state.gov](https://travel.state.gov) for more details.
- **Notice to Applicants Ages 16 and 17:** At least one of your parent(s) or legal guardian(s) must know that you are applying for a U.S. passport. See Section D of these instructions or [travel.state.gov](https://travel.state.gov) for more details.
- **Notice to Applicants for No-Fee Regular, Service, Official, or Diplomatic Passports:** You may use this application if you meet all provisions listed; 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 and forwarded to you.

**SECTION B. STEPS TO APPLY FOR A U.S. PASSPORT**

1. Complete this form (Do not sign until requested to do so by an authorized agent).
2. Attach one color photograph 2x2 inches in size and supporting documents (See Section D of these instructions).
3. Schedule appointment to apply in person by visiting our website or calling NPIC (see contact info at the top page).
4. Arrive for appointment and present completed form and attachments to the authorized agent who will administer the oath, witness you signing your form, and collect your passport fee.
5. Track application status online at [Passportstatus.state.gov](https://Passportstatus.state.gov).
6. Receive new passport and original supporting documents (that you submitted with your application).

**SECTION C. HOW TO COMPLETE THIS FORM**

Please see the instructions below for items on the form that are not self-explanatory. The numbers match the numbered items of the form.

1. **Name (Last, First, Middle):** Enter the name to appear in the passport. The name to appear in the passport should be consistent with your proof of citizenship and identification. If you have changed your name and are not eligible to use a DS-82 or DS-5504, you must use this form. Visit [travel.state.gov/namechange](https://travel.state.gov/namechange) for more information.
2. **Date of Birth:** Use the following format: Month, Date, and Year (MM/DD/YYYY).
3. **Gender:** The gender markers used are "M" (male), "F" (female) and "X" (unspecified or another gender identity). The gender marker that you check on this form will appear in your passport regardless of the gender marker(s) on your previous passport and/or your supporting evidence of citizenship and identity. If changing your gender marker from what was printed on your previous passport, select "Yes" in this field on Application Page 1. If no gender marker is selected, we may print the gender as listed on your supporting evidence or contact you for more information. **Please Note:** We cannot guarantee that other countries you visit or travel through will recognize the gender marker on your passport. Visit [travel.state.gov/gender](https://travel.state.gov/gender) for more information.
4. **Place of Birth:** Enter the name of the city and state if in the U.S. or city and country as presently known.
5. **Social Security Number:** You must provide a Social Security number (SSN), if you have been issued one, in accordance with Section 6039E of the Internal Revenue Code (26 U.S.C. 6039E) and 22 U.S.C 2714a(f). If you do not have a Social Security number, you must enter zeros in this field and submit a statement, signed, and dated, that includes the phrase, *"I declare under penalty of perjury under the laws of the United States of America that the following is true and correct: I have never been issued a Social Security Number by the Social Security Administration."* If you reside abroad, you must also provide the name of the foreign country where you reside. The U.S. Department of State must provide your SSN and foreign residence information to the U.S. Department of the Treasury which will use it in connection with debt collection and check against lists of persons ineligible or potentially ineligible to receive a U.S. passport, among other authorized uses. If you fail to provide the information, we may deny your application and the Internal Revenue Service (IRS) may enforce a penalty. Refer all questions on this matter to the nearest IRS office.
6. **Email:** By providing your email you are consenting to us communicating with you by email about your application.
7. **Primary Contact Phone Number:** If providing a mobile/cell phone number you are consenting to receive calls and/or text messaging about your application.
8. **Mailing Address Line 1 and 2 "In Care Of":** For line 1 enter applicant's Street/RFD #, or P.O. Box or URB. For line 2, if you do not live at the address listed in this field, put the name of the person who lives at this address and mark it "In Care Of". **If the applicant is a minor child, you must include the "In Care Of" name of the parent or adult registered to receive mail at this address.**
9. **List all other names you have used:** Enter all legal names previously used to include maiden name, name changes, and previous married names. You can enter up to two names one in item A and one in item B. If only your last name has changed just enter your last name. If you need more space to write additional names, please use a separate sheet of paper and attach it to this form.



**Blue Section Application Page 1 - Identifying Documents and Signature Blocks: Skip this section and complete Application Page 2. Do not sign this form until requested to do so by the authorized agent who will administer the oath to you.**



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**SECTION D. ATTACHMENTS TO SUBMIT WITH THIS FORM**

Once you have completed Application Pages 1 and 2, attach the supporting documents as outlined in this section.

**1. PROOF OF U.S. CITIZENSHIP** Information can be found on [travel.state.gov/citizenship](https://travel.state.gov/citizenship).

**Applicants Born in the United States**

Your evidence will be returned to you if it is not damaged, altered, or forged. Submit an original or certified copy and a photocopy of the front and back if there is printed information on the back, of one of the following documents:

- U.S. Birth Certificate that meets all the following requirements:
  - Issued by the city, county, or state of birth
  - Lists your full name, birthdate, and birthplace
  - Lists your parent(s)' full names
  - Lists date filed with registrar's office (must be within one year of birth)
  - Shows registrar's signature and the seal of the issuing authority
- Fully valid, undamaged U.S. passport (may be expired)
- Consular Report of Birth Abroad or Certification of Birth Abroad
- Certificate of Naturalization or Citizenship
- Secondary documents may be submitted if the U.S. birth certificate was filed more than one year after your birth **or** if no birth record exists. For no birth record on file, submit a registrar's letter to that effect. For both scenarios, submit a combination of the evidence listed below, with your first and last name, birthdate and/or birthplace, the seal or other certification of the office (if customary), and the signature of the issuing official.
  - A hospital birth record
  - An early baptismal or circumcision certificate
  - Early census, school, medical, or family Bible records
  - Insurance files or published birth announcements (such as a newspaper article)
  - Notarized affidavits (or DS-10, Birth Affidavit) of older blood relatives having knowledge of your birth may be submitted in addition to some of the records listed above.

**Applicants Born Outside the United States**

If we determine that you are a U.S. citizen, your lawful permanent resident card submitted with this application will be forwarded to U.S. Citizenship and Immigration Services.

- Claiming Citizenship through Naturalization of One or Both Parent(s), submit all the following:
  - Your parent(s) Certificate(s) of Naturalization
  - Your parents' marriage/certificate and/or evidence that you were in the legal and physical custody of your U.S. citizen parent, if applicable
  - Your foreign birth certificate (and official translation if the document is not in English)
  - Your evidence of admission to the United States for legal permanent residence and proof you subsequently resided in the United States
- Claiming Citizenship through Birth Abroad to At Least One U.S. Citizen Parent, submit all the following:
  - Your Consular Report of Birth Abroad (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)
  - Your parent's proof of U.S. citizenship
  - Your parents' marriage certificate
  - Affidavit showing all your U.S. citizen parents' periods and places of residence and physical presence before your birth (DS-5507)
- Claiming Citizenship Through Adoption by a U.S. Citizen Parent(s), if your birthdate is on or after October 5, 1978, submit evidence of all the following:
  - Your permanent residence status
  - Your full and final adoption
  - You were in the legal and physical custody of your U.S. citizen parent(s)
  - You have resided in the United States

**2. PROOF OF IDENTITY** Information can be found at [travel.state.gov/identification](https://travel.state.gov/identification).

Present your original identification and submit a front and back photocopy with this form. It must show a photograph that is a good likeness of you. Examples include:

- Driver's license (not temporary or learner's permit)
- Previous or current U.S. passport book/card
- Military identification
- Federal, state, or city government employee identification
- Certificate of Naturalization or Citizenship

**3. A RECENT COLOR PHOTOGRAPH** See the full list of photo requirements on [travel.state.gov/photos](https://travel.state.gov/photos).

Attach one photo, 2x2 inches in size. U.S. passport photo requirements may differ from photo requirements of other countries. To avoid processing delays, be sure your photo meets all the following requirements (Refer to the photo template on Application Page 1):

- Taken less than six months ago
- Head must be 1-1 3/8 inches from the bottom of the chin to the top of the head
- Head must face the camera directly with full face in view
- No eyeglasses and head covering and no uniforms\*
- Printed on matte or glossy photo quality paper
- Use a plain white or off-white background

\*Head coverings are not acceptable unless you submit a signed statement verifying that it is part of recognized, traditional religious attire that is customarily or required to be worn continuously in public or a signed doctor's statement verifying its daily use for medical purposes. Glasses or other eyewear are not acceptable unless you submit a signed statement from a doctor explaining why you cannot remove them (e.g., during the recovery period from eye surgery). Photos are to be taken in clothing normally worn on a daily basis. You cannot wear a uniform, clothing that looks like a uniform, or camouflage attire.



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**4. PROOF OF PARENTAL RELATIONSHIP (FOR APPLICANTS UNDER AGE 16)**

Parents/guardians must appear in person with the child and submit the following:

- Evidence of the child's relationship to parents/guardian(s) (Example: a birth certificate or Consular Report of Birth Abroad listing the names of the parent(s)/guardian(s) and child)
- Original parental/guardian government-issued photo identification and a photocopy of the front and back (to satisfy proof of identity)

If only one parent/guardian can appear in person with the child, you must also submit one of the following:

- The 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. The notarized statement cannot be more than three months old, must be signed and notarized on the same day, and must come with a front and back photocopy of the second parent's government-issued photo identification.
- The second parent's death certificate (if second parent is deceased)
- Evidence of sole authority to apply (Example: a court order granting sole legal custody or a birth certificate listing only one parent)
- A written statement (made under penalty of perjury) or DS-5525 explaining, in detail, why the second parent cannot be reached

**OR**

**PROOF OF PARENTAL AWARENESS (FOR APPLICANTS AGES 16 AND 17)**

We may request the consent of one legal parent/legal guardian to issue a U.S. passport to you. In many cases, the passport authorizing officer may be able to ascertain parental awareness of the application by virtue of the parent's presence when the minor submits the application or a signed note from the parent or proof the parent is paying the application fees. However, the passport authorizing officer retains discretion to request the legal parent's/legal guardian's notarized statement of consent to issuance (e.g., on Form DS-3053).

**5. FEES** Passport service fees are established by law and regulation (see 22 U.S.C. 214, 22 C.F.R. 22.1, and 22 C.F.R. 51.50-56) and are collected at the time you apply for the passport service. By law, the passport fees are **non-refundable**. Visit [travel.state.gov/passport/fees](https://travel.state.gov/passport/fees) for current fees and how fees are used and processed. Payment methods are as follows:

**Applicant Applying in the United States  
At Acceptance Facility**

- Passport fees must be made by check (personal, certified, cashier's, travelers) or money order (U.S. Postal, international, currency exchange) with the applicant's full name and date of birth printed on the front and payable to "U.S. Department of State."
- The execution fee **must be paid separately** and made payable to the acceptance facility in the form that they accept.

**Applicant Applying at a Passport Agency or  
Outside the United States**

- We accept checks (personal, certified, cashier's, travelers); major credit cards (Visa, Master Card, American Express, Discover); money orders (U.S. Postal, international, currency exchange); or exact cash (no change provided). Make all fees payable to the "U.S. Department of State."
- If applying outside the United States: Please see the website of your embassy, consulate, or consular agency for acceptable payment methods.

**Other Services Requiring Additional Fee** (Visit [travel.state.gov](https://travel.state.gov) for more details):

- **Expedite Service**: Only available for passports mailed in the United States and Canada.
- **1-2 Day Delivery**: Only available for passport book (and not passport card) mailings in the United States.
- **Verification of a previous U.S. Passport or Consular Report of Birth Abroad**: Upon your request, we verify previously issued U.S. passport or Consular Report of Birth Abroad if you are unable to submit evidence of U.S. citizenship.
- **Special Issuance Passports**: If you apply for a no-fee regular, service, official, or diplomatic passport at a designated acceptance facility, you must pay the execution fee. No other fees are charged when you apply.

**SECTION E. HOW TO SUBMIT THIS FORM**

Submitting your form depends on your location and how soon you need your passport.

- **Applicant Located Inside the United States**: For the latest information regarding processing times, scheduling appointments, and nearest designated acceptance facilities visit [travel.state.gov](https://travel.state.gov) or contact NPIC.
- **Applicant Located Outside the United States**: In most countries, you must apply in person at a U.S. embassy or consulate for all passport services. Each U.S. embassy and consulate has different procedures for submitting and processing your application. Visit [travel.state.gov](https://travel.state.gov) to check the U.S. embassy or consulate webpage for more information.

**SECTION F. RECEIVING YOUR PASSPORT AND SUPPORTING DOCUMENTS**

- **Difference Between U.S. Passport Book and Card**: The book is valid for international travel by air, land, and sea. The card is not valid for international air travel, only for entry at land border crossings and seaports of entry when traveling from Canada, Mexico, Bermuda, and the Caribbean. The maximum number of letters provided for your given name (first and middle) on the card is 24 characters. If both your given names are more than 24 characters, you must shorten one of your given names you list on item #1 of Application Page 1.
- **Separate mailings**: You may receive your newly issued U.S. passport book and/or card and your citizenship evidence in two separate mailings. If you are applying for both a book and card, you may receive three separate mailings: one with your returned evidence, one with your newly issued book, and one with your newly issued card. **All documentary evidence that is not damaged, altered, or forged will be returned to you.** Photocopies will not be returned.
- **Passport numbers**: Each newly issued passport book or card will have a different passport number than your previous one.
- **Shipping and Delivery Changes**: If your mailing address changes prior to receipt of your new passport, please contact NPIC. **NOTE**: We will not mail a U.S. passport to a private address outside the United States or Canada.
- **Passport Corrections, Non-Receipt/Undeliverable Passports, and Lost/Stolen Passport**: For more information visit [travel.state.gov](https://travel.state.gov) or contact NPIC.



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**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 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained herein or of passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification.

**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.**

**ACTS OR CONDITIONS**

If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, a supplementary explanatory statement under oath (or affirmation) by the applicant should be attached and made a part of this application.

*I have not been convicted of a federal or state drug offense or convicted of a statutory "sex tourism" crime, 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; or 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 this information is authorized by 22 U.S.C. 211 a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E, 22 U.S.C. 2714a(f), 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 C.F.R. parts 50 and 51.

**PURPOSE:** We are requesting this information in order to determine your eligibility to be issued a U.S. passport. Your Social Security number is used to verify your identity.

**ROUTINE USES:** This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. Your Social Security number will be provided to the U.S. Department of the Treasury and may be used in connection with debt collection, among other purposes authorized and generally described in this section. More information on the routine uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and Other Overseas Records and State-26, Passport Records.

**DISCLOSURE:** Providing information on this form is voluntary. Be advised, however, that failure to provide the information requested on this form may cause delays in processing your U.S. passport application and/or could also result in the refusal or denial of your application. Failure to provide your Social Security number may result in the denial of your application (consistent with 22 U.S.C. 2714a(f)) and may subject you to penalty enforced by the Internal Revenue Service, as described in the Federal Tax Law on Instruction Page 1 (Section C) to this form.

**PAPERWORK REDUCTION ACT 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: Passport Forms Officer, U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Cir, PO Box 1199, Sterling, Virginia 20166-1199.

**For more information about your application status, online tools, current fees, and processing times, please visit [travel.state.gov](https://travel.state.gov).**





## APPLICATION FOR A U.S. PASSPORT

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

## Select document(s) for which you are submitting fees:

- ☒ U.S. Passport Book ☐ U.S. Passport Card ☐ Both  
The U.S. passport card is **not** valid for international air travel. See Instruction Page 3  
☒ Regular Book (Standard) ☐ Large Book (Non-Standard)  
The large book is for frequent international travelers who need more visa pages.

## 1. Name Last

MOLONEY

First

DOUGLAS

Middle

MICHAEL

☐ D ☐ O ☐ S ☐ NFR

End. # Exp.

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

03 06 2002

## 3. Gender (Read Instruction Page 1)

M F X Changing gender marker?  
X Yes

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

ST LOUIS, MO

## 5. Social Security Number

491 19 8658

6. Email (See application status at [passportstatus.state.gov](http://passportstatus.state.gov))

M264404@USNA.EDU

## 7. Primary Contact Phone Number

314-972-2021

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

8675 MOLONEY CABIN RIDGE RD

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)

City

BARNHART

State

MO

Zip Code

63012

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.

STOP! CONTINUE TO PAGE 2

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

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

☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other

Name

Issue Date  
(mm/dd/yyyy)Exp. Date  
(mm/dd/yyyy)State of  
Issuance

ID No

Country of  
Issuance

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

☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other

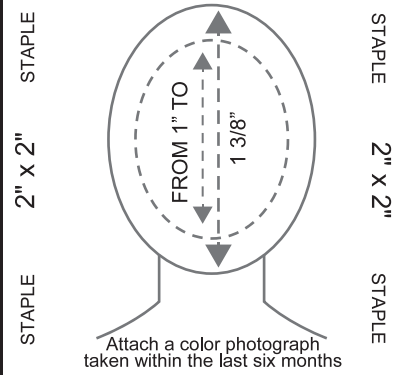
Name

Issue Date  
(mm/dd/yyyy)Exp. Date  
(mm/dd/yyyy)State of  
Issuance

ID No

Country of  
Issuance

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 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.

☐ Acceptance Agent ☐ (Vice) Consul USA☐ Passport Staff Agent

(Seal)

Signature of person authorized to accept applications

Date

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

Print Facility Name/Location

Facility ID Number

Name of courier company (if applicable)


For Issuing Office Only → Bk Card EF Postage Execution Other



DS 11 B 03 2022 1

|                                                                                                                                                                                                                     |  |                                                                                         |                               |                                                                                                   |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------|----------------|
| <b>Name of Applicant</b> (Last, First, & Middle)                                                                                                                                                                    |  |                                                                                         |                               | <b>Date of Birth</b> (mm/dd/yyyy)                                                                 |                |
| MOLONEY, DOUGLAS MICHAEL                                                                                                                                                                                            |  |                                                                                         |                               | 03/06/2002                                                                                        |                |
| <b>10. Parental Information</b>                                                                                                                                                                                     |  |                                                                                         |                               |                                                                                                   |                |
| Mother/Father/Parent - First & Middle Name (at Parent's Birth)                                                                                                                                                      |  |                                                                                         | Last Name (at Parent's Birth) |                                                                                                   |                |
| ANN GERALDINE                                                                                                                                                                                                       |  |                                                                                         | MOLONEY                       |                                                                                                   |                |
| 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                                                                                            |                |
| 06 09 1968                                                                                                                                                                                                          |  | WICHITA, KS                                                                             |                               | <input type="checkbox"/> M<br><input checked="" type="checkbox"/> F<br><input type="checkbox"/> X |                |
| Mother/Father/Parent - First & Middle Name (at Parent's Birth)                                                                                                                                                      |  | Last Name (at Parent's Birth)                                                           |                               | U.S. Citizen?                                                                                     |                |
| MICHAEL BENEDICT                                                                                                                                                                                                    |  | MOLONEY                                                                                 |                               | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                            |                |
| 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                                                                                            |                |
| 08 20 1962                                                                                                                                                                                                          |  | ST LOUIS                                                                                |                               | <input checked="" type="checkbox"/> M<br><input type="checkbox"/> F<br><input type="checkbox"/> X |                |
| 11. Have you ever been married?                                                                                                                                                                                     |  | If yes, complete the remaining items in #11.                                            |                               |                                                                                                   |                |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                 |  |                                                                                         |                               |                                                                                                   |                |
| Full Name of Current Spouse or Most Recent Spouse (Last, First & Middle)                                                                                                                                            |  | Date of Birth (mm/dd/yyyy)                                                              |                               | Place of Birth                                                                                    |                |
|                                                                                                                                                                                                                     |  |                                                                                         |                               |                                                                                                   |                |
| U.S. Citizen?                                                                                                                                                                                                       |  | Date of Marriage (mm/dd/yyyy)                                                           |                               | Have you ever been widowed or divorced?                                                           |                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                            |  |                                                                                         |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |                |
| 12. Additional Contact Phone Number                                                                                                                                                                                 |  | 13. Occupation (if age 16 or older)                                                     |                               | 14. Employer or School (if applicable)                                                            |                |
|                                                                                                                                                                                                                     |  | STUDENT                                                                                 |                               | UNITED STATES NAVAL ACADEMY                                                                       |                |
| 15. Height                                                                                                                                                                                                          |  | 16. Hair Color                                                                          |                               | 17. Eye Color                                                                                     |                |
| 6ft. 2in.                                                                                                                                                                                                           |  | BROWN                                                                                   |                               | GREEN                                                                                             |                |
| 18. Travel Plans (If no travel plans, please write "none")                                                                                                                                                          |  | Departure Date (mm/dd/yyyy)                                                             |                               | Return Date (mm/dd/yyyy)                                                                          |                |
|                                                                                                                                                                                                                     |  | 01/06/2025                                                                              |                               | 05/26/2025                                                                                        |                |
| Countries to be Visited                                                                                                                                                                                             |  | EQYPT                                                                                   |                               |                                                                                                   |                |
| 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 |
| ANN MOLONEY                                                                                                                                                                                                         |  | 8675 MOLONEY CABIN RIDGE RD                                                             |                               |                                                                                                   |                |
| City                                                                                                                                                                                                                |  | State                                                                                   | Zip Code                      | Phone Number                                                                                      | Relationship   |
| BARNHART                                                                                                                                                                                                            |  | MO                                                                                      | 63012                         | 314-265-6481                                                                                      | MOTHER         |
| 21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? <input type="checkbox"/> Yes <input checked="" 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)                                                 |                |
|                                                                                                                                                                                                                     |  |                                                                                         |                               |                                                                                                   |                |
| Status of your most recent passport book: <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input 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"/> Nat. / Citiz. Cert.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | USCIS        | USDC | Date/Place Acquired: | A#     | <input type="checkbox"/> Sole Parent |
| <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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |      |                      |        |                                      |
| <div style="display: flex; justify-content: space-between;"><div><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</div><div></div></div> |              |      |                      |        |                                      |
| DS 11 B 03 2022 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |      |                      |        |                                      |