	APP		OR A U.S. PAS		OMB CONTROL NO. 1405-0004 OMB EXPIRATION DATE: 08-31-2019 ESTIMATED BURDEN: 85 MIN
Please selec U.S. Passport B The U.S. passport card is <u>not</u> Regular Book <u>Note</u> : The large book option is for those recommended for applicants who have	valid for international air tra (Standard)	for which you are 5. Passport Car avel. For more information Large Book (No	applying: d DBoth n see page 1 of instructions. n-Standard)		
1. Name Last YOUR LAST	NAME			D 0 1 End. #	Jep DOTS
First YOUR FIRS	TNAM	F	Middle YOI		LE NAME
2. Date of Birth (mm/dd/yy)	and a second		Same in the second s	Landar Karakara Kara	ntry as it is presently known.)
OF BIRTH				formation in the second state of the second	ITY & STATE
5. Social Security Number YOUR SOCIAL SE			ered at <u>travel.state.gov)</u>	builden an	ontact Phone Number
8. Mailing Address: Line 1: Street/RFD					
110 ALISON AV	in a country, and an have see the second	ana ana kaominina aminina amini			
Address Line 2: Clearly label Apartment, SUITE 2037	Company, Suite, U	Init, Building, Floor,	In Care Of or Attention if	applicable. (e.g., in C	are Of - Jane Doe, Apt # 100)
City		State	Zip Code	Country, if outs	ide the United States
CANNON AFB 9. List all other names you have used.	/Everyland Diate Al	NM		va Ohanma Attach ad	10
LIST OTHER NAM	of a second state of the second se	and a second second second and a second s	CONTRACTOR AND	ie change. Allach au	olitorial pages il needed)
STAPLE 2		I APPLICATIO	t or Mother/Father/Pare	ED TO DO SO B	Y AUTHORIZED AGENT ure Line (if identifying minor)
X X	ID No		Exp. Date (mm/dd/syyy)	Country o Issuance	
Attach a color photograph taken within the last six months	Driver's License	State issued ID		Military	e Line (if identifying minor)
Acceptance Agent	tssue Date (mn1/dd/yyyy)		Exp. Date (mnVdd/yyyy)		State of Issuance
(Seal)	have not, si page four of application a in support o	ince acquiring U.S. c f the instructions of th are true and correct; of this application; 4) t	itizenship or nationality, perfo is application (unless explana 3) I have not knowingly and v	ormed any of the acts lis atory statement is attache willfully made false staten his application is a genui	national of the United States and ted under "Acts or Conditions" on d); 2) the statements made on the nents or included false documents he, current photograph of me; and
Name of courier company (if applicable)		Facility ID Number	Applic:	ant's Legal Signature -	age 16 and older
Facility Name/Location		Agent ID Number	x		ignature (if identifying minor)
Signature of person authorized to accept app in	cali ons	Date	Mother/Father/Par	rent/Legal Guardian's S	ignature (if identifying minor)
For Issuing Office Only> Bk Car	d EF	Postage	Execution Other	* D:	5 11 A 09 2013 1 *

DS-11 06-2016

Name of Applicant (Last, First, & Middle)	Date of Birth (min/dd/yyyy)				
YOUR NAME - LAST, FIRST, MIDDL	E DATE OF BIRTH				
10. Parental Information Mother/Father/Parent - First & Middle Name	Last Name (at Parent's Birth)				
MOTHER - FIRST, MIDDLE NAME	MOTHER - LAST NAME				
Date of Birth (mm/dd/yyyy) Place of Birth	Sex U.S. Cilizen?				
MOTHER DATE OF BIRTH MOTHER PLACE OF B	IRTH, CITY & STATE PLEASE CHECK				
Mother/Father/Parent - First & Middle Name	Last Name (at Parent's Birth)				
FATHER - FIRST, MIDDLE NAME	FATHER - LAST NAME				
Date of Birth (mn/dd/yyyy) Place of Birth FATHER DATE EATHER DIACE OF BI					
OF BIRTH	A DITIENT AND				
Full Name of Current Spouse or Most Recent Spouse	Date of Birth (mm/dd/yyyy) Place of Birth				
FULL NAME OF CURRENT SPOUSE	OUSE DATE OF BIRTH SPOUSE PLACE OF BIRTH				
	en widowed or divorced? Widow/Divorce Date ASE CINECK /mm/dd/wywl				
	ASE CINECK (mm/dd/yyyy) DIVORCE DATE (tion (ff age 16 or older) 14. Employer or School (if applicable)				
PHONE NUMBER.	ATION				
15. Height 16. Hair Color 17. Eve Color Departure Date (mm/dd/yyyy) Retu	m Date (mm/dd/yyy) Countries to be Visited COUNTRY YOU ARE				
HFIGHT COLOR COLOR DATE D	ATE TRAVELING TO				
19. Permanent Address - If P.O. Box is listed under Mailing Address or if resident Street/RFD # or URB (No P.O. Box)	e is different from Mailing Address. Apartment/Unit				
YOUR ADDRESS - WHERE YOU I	IVE NOW APT				
	Stale Zip Code				
CITY	STATE ZIP CODE				
20. Emergency Contact - Provide the information of a person not traveling with you	I to be contacted in the event of an emergency.				
Name Address: Street/RF EMERGENCY CONTACT-NOT TRAVELING WITH					
City State Zip Code STATE ZIP COI	DELATIONICIUD				
21. Have you ever applied for or been lasued a U.S. Pasaport Book or Pasapol					
	passport pook number. Most recent passport book issue date (mm/dd/yyyy)				
NAME PRINTED ON PASSPORT BOOK. PASSPOI	RT BOOK NUMBER PASSPORT BOOK				
Status of your most recent passport book: Submitting with application Stole					
Name as printed on your most recent passport card Most recent	passport card number Most recent passport card issue date (mm/htt/yyy) PASSPORT CARD				
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Status of your most recent passport card: Submitting with application. Stole					
PLEASE DO NOT WRITE BELOW THIS I	INE - FOR ISSUING OFFICE ONET				
Name as it appears on citizenship evidence					
Birth Certificate SR CR City Filed: Issued:					
Nat. / Citz. Cert. USCIS USDC Date/Place Acquired: A#	· · · · · · · · · · · · · · · · · · ·				
Report of Birth Filed/Place: Passport C/R S/R Per PIERS #/DOI:					
Other:					
Attached:					
P/C of Citz P/C of ID DS-71 DS-3053 DS-64 DS-5520 DS-5525 PAW NPIC IRL Citz W/S * DS 11 A 09 2013 2 *					
	Page 2 of 2				

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