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.

☐ D ☐ O ☐ DP DOTS Code _____

End. # _____ Exp. _____

1. Name Last: DUCK

First: HUEY Middle: DONALD

2. Date of Birth *(mm/dd/yyyy)*: 11 11 2011

3. Sex M X F

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

5. Social Security Number: 000 00 0000

6. Email Address *(e.g. my_email@domain.com)*: DONALDDAISYDUCK@DUCKMAIL.COM

7. Primary Contact Phone Number: 011 499 271331111

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

USAG SW - PASSPORT

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)*

UNIT 25850 BOX 38

City: APO State: AE Zip Code: 09033 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.

STAPLE 2" X 2" STAPLE

FROM 1" TO 1 3/8"

Submit a recent, color photograph

10. Parental Information

Mother/Father/Parent - First & Middle Name: DONALD LUCKY Last Name *(at Parent's Birth)*: DUCK

Date of Birth *(mm/dd/yyyy)*: 01/01/1971 Place of Birth: DISNEY LAND Sex: X Male ☐ Female U.S. Citizen? X Yes ☐ No

Mother/Father/Parent - First & Middle Name: DAISY LEA Last Name *(at Parent's Birth)*: DUCHESS

Date of Birth *(mm/dd/yyyy)*: 02/02/1972 Place of Birth: DISNEY LAND Sex: ☐ Male X Female U.S. Citizen? X Yes ☐ No

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)

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 _____

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

(Seal)

Facility Name/Location

Facility ID Number

Agent ID Number

Signature of person authorized to accept applications

Date

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

* DS 11 B 12 2010 1 *

Name of Applicant *(Last, First & Middle)*: DUCK, HUEY DONALD

Date of Birth *(mm/dd/yyyy)*: 11/11/2011

11. Height: 2ft. 0in.

12. Hair Color: Brown

13. Eye Color: Blue

14. Occupation *(if age 16 or older)*: INFANT

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*): CMR 464 BOX 1

Apartment/Unit:

City: APO

State: AE

Zip Code: 09226

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

Name: DONALD DUCK

Address: Street/RFD # or P.O. Box: CMR 1 BOX 1111

Apartment/Unit:

City: APO

State: AE

Zip Code: 09226

Phone Number: 011-499-72111111

Relationship: FATHER

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: ☐ Submitting with application ☐ Stolen ☐ Lost ☐ In my possession *(if expired)*

Date most recent passport book was issued 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: ☐ Submitting with application ☐ Stolen ☐ Lost ☐ In my possession *(if expired)*

Date most recent passport card was issued 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. / Citz. 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 ☐ Citz W/S ☐ DS-10 ☐ DS-86 ☐ DS-71 ☐ DS-60

* DS 11 B 12 2010 2 *

U.S. Department of State

APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD OF A CITIZEN OF THE UNITED STATES OF AMERICA

OMB NO. 1405-0011
EXPIRES: 1/31/2013
Estimated Burden: 20 Minutes*

A. THIS SECTION TO BE COMPLETED BY APPLICANT. Please Type or Print Neatly in Blue or Black Ink. See Instructions on Reverse Side.

18.
Serial No. _____
Date Issued *(mm-dd-yyyy)* _____
Approved by _____
FS Post _____

1. Name of Child in Full *(Last, First, Middle)*

2. Sex ☐ M ☐ F

3. Date of Birth *(mm-dd-yyyy)*

4. Hour AM PM

5. Place of Birth in Full *(City, State, Country)*

THE FOLLOWING ITEMS PERTAIN TO THE BIOLOGICAL PARENTS. COMPLETE FOR BOTH PARENTS.

Mother/Father/Parent	Item	Mother/Father/Parent
	6. Full Name *(Include Mother's Maiden Name)*	
	7. Date of Birth *(mm-dd-yyyy)*	
	8. Place of Birth *(City, State, Country)*	
	9. Present Address *(Street No., City, State)*	
	10. Address in United States *(Street No., City, State)*	
	11. Evidence of U.S. Citizenship *(Alien, Show Nationality)*	
From *(mm-dd-yyyy)* To *(mm-dd-yyyy)*	12. Precise Periods of Physical Presence in United States *(Do not include United States. Use additional page if necessary)*	From *(mm-dd-yyyy)* To *(mm-dd-yyyy)*
From *(mm-dd-yyyy)* To *(mm-dd-yyyy)* Branch/Agency/Org.	13. Precise Periods Abroad in Armed Forces, other U.S. Government Employment, with Qualifying International Organization, as Dependent of such Person *(Specify)*	From *(mm-dd-yyyy)* To *(mm-dd-yyyy)* Branch/Agency/Org.
	14. Previous Marriages *(Show Dates and Manner of Termination of All)*	

15. Date and Place of Present Marriage *(mm-dd-yyyy)* *(City, State, Country)*

B. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICER, NOTARY PUBLIC OR OTHER PERSON QUALIFIED TO ADMINISTER OATH

16. Affirmation: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Name of Person Providing Information | Signature | Relationship to the Child

Subscribed to *(SEAL)* | Type Name and Title of Official | Signature of Official | City | Date *(mm-dd-yyyy)*

C. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICER

17. Documents Presented: Please mark accordingly and provide date of document.

☐ Birth Certificate _____ Date *(mm-dd-yyyy)*
☐ Mother/Father/Parent Passport _____ Date *(mm-dd-yyyy)*
☐ Other _____ Date *(mm-dd-yyyy)*
☐ Marriage Certificate _____ Date *(mm-dd-yyyy)*
☐ Other Citizenship Document of Parent *(e.g. Naturalization Certificate)* _____ Date *(mm-dd-yyyy)*
☐ Mother/Father/Parent Passport _____ Date *(mm-dd-yyyy)*
☐ Other Identity Document *(e.g. Driver's License)* _____ Date *(mm-dd-yyyy)*

18. (See Upper Right Corner)

SAMPLE

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	Office Use Only FCI	DATE OF BIRTH MM/DD/YYYY
5	CITIZENSHIP (Check One)	☐ U.S. Citizen ☐ Legal Alien Allowed To Work	☐ Legal Alien Not Allowed To Work (See Instructions On Page 3)	☐ Other (See Instructions On Page 3)
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) ☐ Yes ☐ No	7 RACE Select One or More (Your Response is Voluntary)	☐ Native Hawaiian ☐ Alaska Native ☐ Asian	☐ American Indian ☐ Black/African American ☐ Other Pacific Islander ☐ White
8	SEX	☐ Male	☐ 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 10B on Page 3)	___ – __ – ____		☐ 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)	___ – __ – ____		☐ 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? ☐ Yes (If "yes" answer questions 12-13) ☐ No ☐ 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	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best to my knowledge. YOUR SIGNATURE	18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: ☐ Self ☐ Natural Or Adoptive Parent ☐ Legal Guardian ☐ Other Specify		

Last four digits item 1

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

DCL DATE

SAMPLE