APPLICATION FOR A U.S. PASSPORT

NAME CHANGE, DATA CORRECTION, AND LIMITED PASSPORT BOOK REPLACEMENT

Please Print Legibly Using Black Ink Only

OMB APPROVAL NO. 1405-0160
EXPIRATION DATE: 12-31-2013
ESTIMATED BURDEN: 30 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: DAISY

Middle: LUCY

2. Date of Birth *(mm/dd/yyyy)*: 02 02 1972

3. Sex M ☐ F ☒

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

5. Social Security Number: 123 45 6789

6. Email Address *(e.g. my_email@domain.com)*: DAISYLDUCK@DISNEY.COM

7. Primary Contact Phone Number: 011 494 5674567

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

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. DAISY DUCHESS

B.

STAPLE 2" x 2" STAPLE

FROM 1" TO 1 3/8"

Submit a recent color photograph

10. Passport Book and/or Passport Card Information

Your name as listed on your most recent passport book and/or passport card: DAISY LUCY DUCHESS

Most recent passport book number: 491764562

Book Issue Date *(mm/dd/yyyy)*: 05/31/2012

Most recent passport card number:

Card Issue Date *(mm/dd/yyyy)*:

CONTINUE TO PAGE 2

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

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 Signature - age 16 and older

_____ Date

x _____ Parent's/Legal Guardian's Signature

FOR ISSUING OFFICE ONLY

☐ Name Change ☐ Replacement ☐ Correction: LName FName MName DOB Sex POB Other

From: _____

To: _____

BC Nat/Citz Cert Report of Birth Prev PPT MC Adoption C/O NC C/O PIERS Other

Filed/Issued/Place: Doc #:

☐ Other:

☐ Attached:

EF _____ Postage _____ Other _____

* DS 5504 B 12 2010 1 *

Name of Applicant *(Last, First & Middle)*: DUCK, DAISY LUCY

Date of Birth *(mm/dd/yyyy)*: 02/02/1972

11. Height: 5ft. 3in.

12. Hair Color: Brown

13. Eye Color: Blue

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

15. Employer or School *(if applicable)*:

16. Additional Contact Phone Numbers

☐ Home ☐ Work ☐ Cell

☐ Home ☐ Work ☐ Cell

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 1 BOX 1111

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: 011-494-65756879

Relationship: SPOUSE

19. Travel Plans

Date of Trip *(mm/dd/yyyy)*:

Duration of Trip:

Countries to be visited:

Please complete the following questions regarding your current passport book and/or passport card

Has your name changed by marriage or court order since your passport book or passport card was issued?

X Yes ☐ No

If yes, please complete this section with your current information.

Current Name Last: DUCK

First: DAISY

Middle: LUCY

Note: To complete a name change your submitted passport book and/or passport card must be less than one year old.

Please submit evidence documenting your name change (such as a certified marriage certificate or court order) and your current passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions.

Was your identifying information printed incorrectly in your passport book or passport card?

☐ Yes X No

If yes, please complete the information as it should appear, and **check only the box(s) next to the field(s) to be corrected.**

☐ **Name** Last

☐ First

☐ Middle

☐ **Date of Birth** *(mm/dd/yyyy)*

☐ **Sex** ☐ M ☐ F

☐ **Place of Birth** *(State or Country)*

Please submit evidence documenting your correct identifying information (such as a certified marriage certificate or birth certificate) and your current passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions.

Was your most recent passport limited for one year or less?

☐ Yes X No

If yes, please submit evidence of your United States citizenship and/or evidence of your identity.

Note: To complete a limited passport book replacement your submitted passport book must not be expired. Passport books limited in validity because of multiple losses cannot be extended.

Please be sure to enclose your passport book along with this application to the address listed on page 2 of the instructions.

* DS5504 B 12 2010 2 *