# U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS

OMB APPROVAL NO. 1405-0020
EXPIRATION DATE: 12-31-2013
ESTIMATED BURDEN: 40 MIN

*Please Print Legibly Using Black Ink Only*

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: DONALD

Middle: LUCKY

**2. Date of Birth** *(mm/dd/yyyy)*: 01 01 1971

**3. Sex** M: X 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)*: DONALDLDUCK@DISNEY.COM

**7. Primary Contact Phone Number**: 011 494 56124567

**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

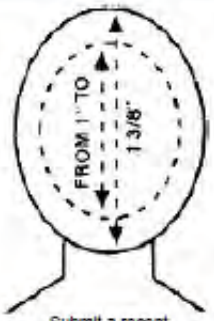
Country, if outside the United States:

**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




Submit a recent color photograph

STAPLE 2" X 2" STAPLE

**10. Passport Book and/or Passport Card Information**

Your name as listed on your most recent passport book and/or passport card

DONALD LUCKY DUCK

Most recent passport book number: 491764562

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

Most recent passport card number:

Issue date *(mm/dd/yyyy)*:

**11. Name Change Information** *Complete if name is different than last passport book or passport card*

Changed by Marriage

Changed by Court Order

Place of Name Change *(City/State)*:

Date *(mm/dd/yyyy)*:

Please submit a certified copy of your marriage certificate or court order to support your name change.

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

_____ Date

**FOR ISSUING OFFICE ONLY** ☐ PPT C/R ☐ PPT S/R

☐ Marriage Certificate Date of Marriage/Place Issued:

☐ Court Order Date Filed/Court:

From _____

To: _____

☐ Other:

☐ Attached:

For Issuing Office Only → Bk Fee_____ Cd Fee_____ EF_____ Postage_____ Other_____

* DS 82 B 12 2010 1 *

| Name of Applicant *(Last, First & Middle)* | Date of Birth *(mm/dd/yyyy)* |
|---|---|
| DUCK, DONALD LUCKY | 01/01/1971 |

| 12. Height | 13. Hair Color | 14. Eye Color | 15. Occupation | 16. Employer or School *(if applicable)* |
|---|---|---|---|---|
| 5ft. 9in. | Brown | Blue | DUCK | |

**17. Additional Contact Phone Numbers**

| | Home / Cell / Work | | Home / Cell / Work |
|---|---|---|---|
| | | | |

**18. 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***) | Apartment/Unit |
|---|---|
| CMR 1 BOX 11111 | |

| City | State | Zip Code |
|---|---|---|
| APO | AE | 09226 |

**19. 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 |
|---|---|---|
| DAISY DUCK | CMR 1 BOX 11111 | |

| City | State | Zip Code | Phone Number | Relationship |
|---|---|---|---|---|
| APO | AE | 09226 | 011-494-56145687 | SPOUSE |

**20. Travel Plans**

| Date of Trip *(mm/dd/yyyy)* | Duration of Trip | Countries to be visited |
|---|---|---|
| | | |

**STOP! YOU HAVE COMPLETED YOUR APPLICATION**
**BE SURE TO SIGN AND DATE PAGE ONE**

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