



U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS

OMB CONTROL NO. 1405-0020
OMB EXPIRATION DATE: 09-30-2019
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.

Regular Book (Standard) Large Book (Non-Standard)

Note: The large book 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.

1. Name Last

JONES

First

Middle

HAPPY

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

10 17 1972

3. Sex

M F
X

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

TWIN FALLS, ID

5. Social Security Number

555 44 3333

6. Email (Info alerts offered at travel.state.gov)

HAPPY.JONES@USDA.GOV

7. Primary Contact Phone Number

406-480-4162

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

1400 INDEPENDENCE AVE SW

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)

ROOM 1069 SOUTH BLDG, FAS-ITS

City State Zip Code Country, if outside the United States

WASHINGTON

DC

20250

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A.

B.

10. Passport Book and/or Passport Card Information

Your name as printed on your most recent U.S. passport book and/or passport card

HAPPY JONES Most recent

passport book number

123456789

Issue date (mm/dd/yyyy)

11/15/2012

Most recent passport card number

Issue date (mm/dd/yyyy)

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

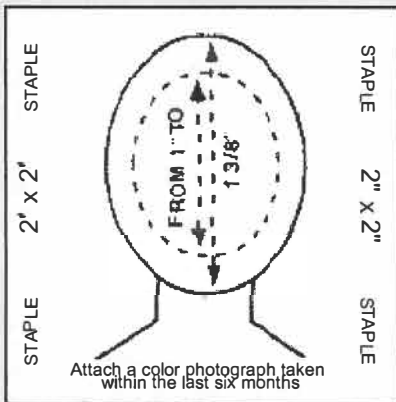
Changed by Marriage

Place of Name Change (City/State)

Date (mm/dd/yyyy)

Changed by Court Order

Please submit a certified copy. (Photocopies are not accepted!)



Attach a color photograph taken within the last six months

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 page four 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 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

8/11/2017

Date

FOR ISSUING OFFICE ONLY

PPT BK C/R PPT BK S/R PPT CD C/R PPT CD 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 08 2013 1 *

Name of Applicant (Last, First & Middle) JONES, HAPPY				Date of Birth (mm/dd/yyyy) 10/17/1972	
12. Height	13. Hair Color	14. Eye Color	15. Occupation	16. Employer or School (if applicable)	
5ft. 10in.	BROWN	BLUE	SCIENTIST	USDA-ARS	
17. Additional Contact Phone Numbers					
		Home	Cell		
		Work		Home	Cell
				Work	
18. Permanent Address: If P.O. Box is listed under Mailing Address <u>or</u> if residence is different from Mailing Address.					
Street/RFD # or URB (No P.O. Box)					Apartment/Unit
2710 CRANBERRY RIVER DRIVE					
City				State	Zip Code
SIDNEY				MT	59270
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
SAD JONES		1500 N CENTRAL AVE			
City	State	Zip Code	Phone Number	Relationship	
SIDNEY	MT	59270	406-489-1315	SUPERVISOR	
20. Travel Plans					
Departure Date (mm/dd/yyyy)	Return Date (mm/dd/yyyy)	Countries to be visited			
09/17/2021	09/23/2021	CANADA			
STOP! YOU HAVE COMPLETED YOUR APPLICATION BE SURE TO SIGN AND DATE PAGE ONE					
WHERE DO I MAIL THIS APPLICATION?					
<u>If applying in the United States or Canada:</u>					
FOR ROUTINE SERVICE (If you live in CA, FL, IL, MN, NY, or TX): National Passport Processing Center P.O. Box 640155 Irving, TX 75064-0155		FOR ROUTINE SERVICE (If you live in any other state or Canada): National Passport Processing Center P.O. Box 90155 Philadelphia, PA 19190-0155		FOR EXPEDITED SERVICE (Additional Fee, any state or Canada): National Passport Processing Center P.O. Box 90955 Philadelphia, PA 19190-0955	
<u>Because of the sensitivity of the enclosed documents, Passport Services recommends using trackable mailing service when submitting your application.</u>					
<u>If applying outside the United States or Canada:</u>					
United States citizens residing outside the U.S. or Canada CANNOT submit this form to domestic addresses listed above. Such applicants should visit www.usembassy.gov to find the nearest U.S. Embassy or Consulate for procedures for applying outside the United States.					
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