



# U.S. Department of State

## BIOGRAPHICAL QUESTIONNAIRE FOR A U.S. PASSPORT

OMB Approval No.: 1405-xxxx  
Expires: xx-xx-xxxx  
\*Estimated Burden: 45 minutes

To better assist us in processing your application for a U.S. passport, please complete this form in its entirety and return it to the appropriate passport office. If the space provided is not sufficient to answer the questions below, please continue answering the questions on a separate piece of paper.

### Section A: Biographical Information

1. Full Name: (First, Middle, Last)

2. Date of birth:  /  /   
(month) (day) (year)

3. Social Security Number:

4. Place of birth (city, state, country):

### Section B: Information about Your Family (living and deceased)

Relationship	Full Name	Place of Birth (City, State, Country)	Date of Birth	Is This Person a U.S. Citizen?
<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>
<i>Brother</i>	<i>Joe Smith</i>	<i>Albany, NY, USA</i>	<i>12/25/1980</i>	<i>YES</i>
Father				
Stepfather				
Mother				
Stepmother				
Spouse				
Sibling				
Sibling				
Sibling				
Sibling				
Sibling				
Sibling				
Child				
Child				

### Section C: Information for Non-Institutional Births or Delayed Birth Filings

If you were not born in the United States skip Items 5-12 and continue to Section D. If you were born in the United States, you must complete Items 5-12 if you answer "No" to either of the questions below.

Was your birth recorded within one year of the date your birth occurred?  Yes  No

Were you born in a medical facility?  Yes  No

5. List your mother's residence one year before your birth: \_\_\_\_\_  
(Street Address) (City, State, Country)

6. List your mother's residence at the time of your birth: \_\_\_\_\_  
(Street Address) (City, State, Country)

7. List your mother's residence one year after your birth: \_\_\_\_\_  
(Street Address) (City, State, Country)

8. Mother's place of employment at the time of your birth:  
Dates of employment: \_\_\_\_\_ Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_

9. Did your mother receive pre-natal or post-natal medical care?  Yes  No  
Hospital or other facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Doctor: \_\_\_\_\_  
Dates of appointments: \_\_\_\_\_

10. What type of document, if any, did your mother use to enter into the United States before your birth?  
\_\_\_\_\_

11. Please describe the circumstances of your birth including the names (as well as address and phone number, if available) of persons present or in attendance at your birth:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Was there any religious or institutional recording of your birth or event occurring around the time of birth? (Example: baptism, circumcision, confirmation or other religious ceremony. Please provide details including the name, location of the institution, and date.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Section E: Employment

Please list all of your current and former places of employment in the United States and abroad.

Company Name	Address	City, State	Country	Time Employed	Supervisor	Telephone
<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>
<i>ABC Industries</i>	<i>1001 Lone Star Drive</i>	<i>Houston, Texas</i>	<i>USA</i>	<i>2004-2008</i>	<i>John Smith</i>	<i>(316)555-1212</i>

## Section F: Schools

Please list all schools that you attended inside and outside of the United States.

Name of School	Address	City	State	Country	Dates of School Attendance
<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>
<i>Sam Houston Elementary</i>	<i>800 West Elm St.</i>	<i>Houston</i>	<i>Texas</i>	<i>USA</i>	<i>8/1990 to 6/1994</i>

## Section G: Oath and Signature

I declare under penalty of perjury that all responses contained in this document are true and correct, to the best of my knowledge.

I certify that the above statement is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### WARNING

False statements made knowingly and willfully in passport applications or in affidavits or other supporting documents submitted therewith are punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1001 and/or 18 U.S.C. 1542. Alteration or mutilation of a U.S. passport is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a U.S. passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1544. All statements and documents submitted are subject to verification. Failure to provide the information requested on this form may result in the denial of a United States passport, related documents, or service to the individual seeking such passport, documents, or service.

### PRIVACY ACT STATEMENT

**AUTHORITIES:** Collection of the information solicited on this form is authorized by Titles 8, 22, and 26 of the United States Code, and other applicable laws and regulations, including 22 USC 211a et seq.; 8 USC 1104; 26 USC 6039E, Section 236 of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001; Executive Order 11295 (August 5, 1966); and 22 CFR parts 50 and 51.

**PURPOSE:** The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a U.S. passport.

**ROUTINE USES:** The information solicited on this form may be made available as a routine use to other government agencies and private contractors to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement, fraud prevention, border security, counterterrorism, litigation activities, and administrative purposes. The information may be made available to foreign government agencies to fulfill passport control and immigration duties. The information may also be provided to foreign government agencies, international organizations and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address potential violations of law or to further the Secretary's responsibility for the protection of U.S. citizens and non-citizen nationals abroad. The information may be made available to the Department of Homeland Security and private employers for employment verification purposes. For a more detailed listing of the routine uses to which this information may be put see the Department of State's Prefatory Statement of Routine Uses relative to the Privacy Act (Public Notice 6290 of July 15, 2008) and the listing of routine users set forth in the System of Records Notices for Overseas Citizen Services Records (State-05) and Passport Records (State-26) published in the Federal Register.

Your social security numbers will be provided to the U.S. Department of Treasury and failure to provide it may subject you to a penalty, as described in the Federal Tax Law provision. It also may be used for identification verification for passport adjudication and in connection with debt collection, among other purposes as authorized and generally described in this section.

Providing the information requested on this form, including your social security number, is voluntary, but failure to provide the information requested may result in processing delays or the denial of your U.S. passport application.

### PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20520-2202.