



United States Department of State

Washington, D.C. 20520

In reply refer to:

JUL 31 2024

CA/PPT/S/RM/RRR– Supplemental Worksheets

Case Control Number: F-2011-03370/F-2021-06198

Mr. Edward Hasbrouck  
The Identity Project  
PO Box 170640-idp  
San Francisco, CA 94117-0640

Dear Mr. Hasbrouck:

We are responding to your correspondence dated April 27, 2011 and May 19, 2021, under the provisions of the Freedom of Information Act (5 U.S.C. § 552), requesting 1) copies of the most recent version and each previous version of the "Supplemental Worksheet," 2) number of copies of each version of the Supplemental Worksheet or dates of distribution, 3) number of individuals who have been requested to complete this form or the range of dates during which such request have been made, 4) policies, procedures, standards, guidelines or directives to Department of State staff or contractors as to when to require an applicant to complete the Supplemental Worksheet or what action to take if an applicant declines or is unable or unwilling to complete all or parts of the supplemental worksheet, 5) any communications within Department of State or between DOS and other agencies including the Office of Management and Budget (OMB) as to the approval for use of this form and 6) any records of communications within DOS or between DOS and other agencies regarding the relationship of the Supplemental Worksheet to the proposed DOS form DS-5513. We apologize for the delay in responding to your request.

The Department of State, Passport Services has reviewed request (1) and (2) above and determined that DS-5513 and DS-5520 forms from 2013 and beyond may be released in full. As for the older Supplemental Worksheets used prior to 2013, the worksheets are obsolete and no longer available. There are eight versions of the Supplemental Worksheets, which were used since 2013, and are attached. The 2019 versions could not be located.

As it relates to request (3) above, data is not available for the usage of older supplemental worksheets. In addition, the DS-5513 and DS-5520 were not used prior to August 2013. Pasted below is a chart which indicates the number of Information Request Letters generated from FY 2014 to FY 2023 requesting a DS-5513 and DS-5520.

<b>Fiscal Year</b>	<b>DS-5513 Total</b>	<b>Fiscal Year</b>	<b>DS-5520 Total</b>
2014	238	2014	13780
2015	225	2015	12390
2016	246	2015	14331
2017	231	2017	13806
2018	297	2018	12898
2019	221	2019	10813
2020	122	2020	6537
2021	44	2021	8436
2022	90	2022	8382
2023	81	2023	6818
<b>Grand Total</b>	<b>1795</b>		<b>108191</b>

Your request (4) for policies, procedures, standards, and guidelines must be denied. This denial is in accordance with subsection (b)(5) of the Freedom of Information Act, which exempts intra-agency and inter-agency memoranda or letters that are protected by legal privileges.

Your request for (5) and (6) above must also be denied. This denial is in accordance with subsection (b)(5) of the Freedom of Information Act, which exempts intra-agency and inter-agency memoranda or letters that are protected by legal privileges.

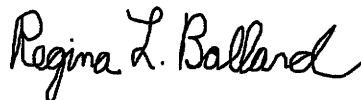
Please see the enclosed Table of Exemptions, which identifies the subsection of the statues referenced above, for a summary of the citation that is applicable. If you are not satisfied with this determination, you may administratively appeal by writing to:

Appeals Officer  
Office of Information Programs and Services (A/GIS/IPS)  
U.S. Department of State  
2201 C Street, NW  
Washington, D.C. 20520  
by fax to (202) 485-1718  
or by email to [FOIAAppeals@state.gov](mailto:FOIAAppeals@state.gov)

Your appeal must be postmarked or electronically transmitted within **90 days** of the date of this letter. Please include a copy of this correspondence with your written appeal and clearly state why you disagree with the determinations set forth in this response. Enclosed, with this letter is additional information to assist you with the appeals process.

This concludes your Freedom of Information Act request. We hope that Passport Services has been of service to you in this matter.

Sincerely,



Regina L. Ballard, Division Chief  
Office of Records Management  
Records Review and Release Division  
Passport Services

In reply refer to:

CA/PPT/S/RM/RRR– Supplemental Worksheets

Case Control Number: F-2011-03370/ F-2021-06198

**TABLE OF EXEMPTIONS**

<u>Subsections</u>	<u>Excise</u>	<u>Deny</u>	<u>Total</u>
(b)(5)	0	9	9
Total	0	9	9

**FREEDOM OF INFORMATION ACT EXEMPTIONS**  
**(5 U.S.C. § 552)**

Subsection (b)(5) exempts intra-agency or inter-agency memoranda or letters that are protected by legal privilege.



## SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE ENTITLEMENT FOR A U.S. PASSPORT

### USE OF SUPPLEMENTAL QUESTIONNAIRE TO ESTABLISH ENTITLEMENT FOR A U.S. PASSPORT

This form is intended to supplement an application for a U.S. passport in the event insufficient evidence of entitlement is provided. In addition to completing this form, you may be asked to provide further documentary evidence to support your claim. Documentary evidence should contain your full name, date and/or place of birth, and the seal or other certification of the issuing office (if customary) and the signature of the issuing official. For more information on proof of U.S. citizenship, please refer to page two of the instructions for the DS-11, Application for a U.S. Passport, or visit [travel.state.gov](http://travel.state.gov).

### FORM INSTRUCTIONS

1. To assist us in establishing your entitlement to a U.S. passport, please fill out this supplemental questionnaire and return it to the requesting passport office. If you have been asked for additional information and/or documentation, please submit the information and/or documentation requested with this supplemental questionnaire.
2. If you are unable to provide primary evidence of U.S. citizenship such as a previously issued U.S. passport or a certified birth certificate, please submit secondary evidence. For lists of primary and secondary evidence of U.S. citizenship, go to <http://travel.state.gov/passport> and click on the link to information for first time applicants.
3. Please complete the questions on this form to the best of your knowledge. Generally, the more information you are able to provide, the faster we may be able to process your U.S. passport application.
4. If you are unsure of the answer to a question, please provide a response to the best of your knowledge. For example, if you are unsure of an exact address, please provide the city, state, and street name if you can recall them. Passport Services will consider all the information derived from the form in its entirety.
5. Failure to answer every question will not necessarily preclude passport issuance as the form is considered in its entirety.
6. If you have no knowledge of the answer to a question, please write "I don't know." If you believe a particular question does not apply to you or your circumstances, please write "Not Applicable" or "N/A." The Department realizes that most information for this questionnaire may be difficult to obtain and will likely come from other sources. The Department will take these factors into account in the passport issuance process.
7. If you need more space to respond to a question, please write the rest of your response on a separate sheet of paper.

### FOR INFORMATION AND/OR QUESTIONS

Please visit our website at [travel.state.gov](http://travel.state.gov). In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD 1-888-874-7793) or by e-mail at [NPIC@state.gov](mailto:NPIC@state.gov). Customer Service Representatives are available Monday-Friday, 8:00 a.m.-10:00 p.m. Eastern Time (excluding federal holidays). Automated information is available 24/7.

### 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, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification.

### PRIVACY ACT STATEMENT

**AUTHORITIES:** We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

**PURPOSE:** We are requesting this information in order to determine your entitlement to be issued a U.S. passport. The collection of the Social Security number will be used for identity /entitlement to passport verification only and no other purpose unless authorized by law.

**ROUTINE USES:** This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad.

More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

**DISCLOSURE:** Providing your Social Security number and the other information on this form is voluntary, but failure to provide the information on this form may, given the form's purpose of verification of your identity or entitlement, result in processing delays or denial of your passport application.

### PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 85 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. Responding to this collection of information is voluntary. 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 2201 C Street NW, Washington, D.C. 20520.



**U.S. Department of State**  
**SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE**  
**ENTITLEMENT FOR A U.S. PASSPORT**

OMB Approval No.: 1405-0214  
 Expiration Date: 08-31-2016  
 Estimated Burden: 85 minutes

**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>
Sibling	Joe Smith	Anytown, Anystate, USA	12-25-1980	YES
Father/Parent				
Stepfather/Parent				
Mother/Parent				
Stepmother/Parent				
Sibling				
Sibling				
Sibling				
Sibling				

**Section C: Information for Non-Institutional Births or Delayed Birth Filings**  
 (fill in as much information as possible)

Was your birth recorded within one year of the date your birth occurred?

Were you born in a hospital?

Yes     No  
 Yes     No

If you answered "No" to either of the above questions, please complete items 1 - 5. Otherwise, please continue on to Section D.

**1. List all your parent(s) residences one year before your birth:**

(Street Address)

(City)

(State and Country)

(Street Address)

(City)

(State and Country)

**2. Parent(s) place of employment at the time of your birth:**

Dates of employment: \_\_\_\_\_ Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_  
(Street Address)

(City)

(State and Country)

Dates of employment: \_\_\_\_\_ Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_  
(Street Address)

(City)

(State and Country)

**3. If your parents were not U.S. citizens at the time of your birth, what type of document, if any, did they use to enter the United States? Examples include foreign passport, U.S. or a foreign border crossing document, residency card, etc.**

**4. Mother's medical information:**

Did your mother receive medical care while pregnant with you and/or up to one year after your birth?  Yes  No

Name of hospital or other facility: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address)

(City)

(State and Country)

Name of Doctor: \_\_\_\_\_

Approximate dates of appointments: \_\_\_\_\_

Please provide description of birthing location: \_\_\_\_\_  
(Private home, hospital, clinic, etc.)

Length of time mother stayed at the birthing location listed above? \_\_\_\_\_  
(One day, three weeks, etc.)

Please provide the names (as well as address and phone number, if available) of persons present at your birth such as medical personnel, family members, etc:

**Section D: Schools/Day Care Centers/Developmental Programs**

Please list any schools, day care centers, or developmental programs you attended from birth to age 18 in or outside of the United States (list at least the first three or as many as possible).

Name of School/Daycare/ Developmental Program	City	State	Country	Dates of Attendance
<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>
Washington Elementary	Anytown	Anystate	USA	08-1990 to 06-1994

**Section E: Residences**

Please list all of your permanent residences inside and outside of the United States starting with your birth until age 18 (list at least the first three or as many as possible). Temporary locations of less than 90 days may be omitted.

Street	City	State	Country	Time of
<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>
123 First St.	Anytown	Anystate	USA	03-1990 to 06-2002

**Section F: Signature**

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

\_\_\_\_\_ Signature

\_\_\_\_\_ Date





## SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE ENTITLEMENT FOR A U.S. PASSPORT

### USE OF SUPPLEMENTAL QUESTIONNAIRE TO ESTABLISH ENTITLEMENT FOR A U.S. PASSPORT

This form is intended to supplement an application for a U.S. passport in the event insufficient evidence of entitlement is provided. In addition to completing this form, you may be asked to provide further documentary evidence to support your claim. Documentary evidence should contain your full name, date and/or place of birth, and the seal or other certification of the issuing office (if customary) and the signature of the issuing official. For more information on proof of U.S. citizenship, please refer to page two of the instructions for the DS-11, Application for a U.S. Passport, or visit [travel.state.gov](http://travel.state.gov).

### FORM INSTRUCTIONS

1. To assist us in establishing your entitlement for a U.S. passport, please fill out this supplemental questionnaire and return it to the requesting passport office. If you have been asked for additional information and/or documentation, please submit the information and/or documentation requested with this supplemental questionnaire.
2. If you are unable to provide primary evidence of U.S. citizenship, such as a previously issued U.S. passport or a certified birth certificate, please submit secondary evidence. For lists of primary and secondary evidence of U.S. citizenship, go to <http://travel.state.gov/passport> and click on the link to information for first time applicants.
3. Please complete the questions on this form to the best of your knowledge. Generally, the more information you are able to provide, the faster we may be able to process your U.S. passport application.
4. If you are unsure of the answer to a question, please provide a response to the best of your knowledge. For example, if you are unsure of an exact address, please provide the city, state, and street name if you can recall them. Passport Services will consider all the information derived from the form in its entirety.
5. Failure to answer every question will not necessarily preclude passport issuance as the form is considered in its entirety.
6. If you have no knowledge of the answer to a question, please write "I don't know." If you believe a particular question does not apply to you or your circumstances, please write "Not Applicable" or "N/A." The Department realizes that most information for this questionnaire may be difficult to obtain and will likely come from other sources. The Department will take these factors into account in the passport issuance process.
7. If you need more space to respond to a question, please write the rest of your response on a separate sheet of paper.

### FOR INFORMATION AND/OR QUESTIONS

Please visit our website at [travel.state.gov](http://travel.state.gov). In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD 1-888-874-7793) or by e-mail at [NPIC@state.gov](mailto:NPIC@state.gov). Customer Service Representatives are available Monday-Friday, 8:00 a.m.-10:00 p.m. Eastern Time (excluding federal holidays). Automated information is available 24/7.

### 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, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification.

### PRIVACY ACT STATEMENT

**AUTHORITIES:** We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 22 U.S.C. 2714a(f) Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

**PURPOSE:** We are requesting this information in order to determine your entitlement to be issued a U.S. passport. The collection of the Social Security number will be used for identity/entitlement to passport verification only and no other purpose unless authorized by law.

**ROUTINE USES:** This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad.

More information on the routine uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

**DISCLOSURE:** Providing information on this form is voluntary, but failure to provide your Social Security number on your passport application may result in the denial of your application (consistent with 22 U.S.C. 2714a(f))

### PAPERWORK REDUCTION ACT STATEMENT

The public reporting burden for this collection of information is estimated to average 85 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. Responding to this collection of information is voluntary. 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Legal Affairs and Law Enforcement Liaison, 44132 Mercure Cir, P.O. Box 1227, Sterling, Virginia 20166-1227.



**U.S. Department of State  
SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE  
ENTITLEMENT FOR A U.S. PASSPORT**

OMB CONTROL NO. 1405-0214  
OMB EXPIRATION DATE: 09-31-2019  
ESTIMATED BURDEN: 65 minutes

**Section A: Biographical Information**

**1. Full Name:**  
(First, Middle, Last) \_\_\_\_\_

**2. Date of Birth:**  
(MM-DD-YYYY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**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	U.S. Citizen?
<i>Example</i>		<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>
<b>Parent(s)</b>		<b>Joe Smith Keaton</b>	<b>Anytown, Anystate, USA</b>	<b>12-25-1980</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Parent(s)</b>	1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
	2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Stepparent(s)</b>	1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
	2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Sibling(s)</b>	1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
	2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
	3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
	4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Grandparent(s)</b>	1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
	2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
	3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
	4.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Provide any other names your relatives listed above may have used:**

\_\_\_\_\_

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

*(Fill in as much information as possible. Attach a separate sheet, if needed.)*

**1. Mother's medical information:**

**Did your mother receive medical care while pregnant with you and/or up to one year after your birth?**  Yes  No

**Name of Doctor:** \_\_\_\_\_

**Approximate dates of appointments:** \_\_\_\_\_

**Mother's medical information (continued):**

Name of hospitals or facilities where she received care during pregnancy: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address)

(City)

(State and Country)

Please provide description of birthing location: \_\_\_\_\_  
(Private home, hospital, clinic, etc.)

Length of time mother stayed at the birthing location listed above? \_\_\_\_\_  
(One day, three weeks, etc.)

Please provide the names (as well as address and phone number, if available) of persons present at your birth such as medical personnel, family members, etc.:

**2. List all your parents' residences one year before your birth:**

(Street Address)

(City)

(State and Country)

(Street Address)

(City)

(State and Country)

**3. Parents' place of employment at the time of your birth:**

Dates of employment: \_\_\_\_\_ Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_  
(Street Address)

(City)

(State and Country)

Dates of employment: \_\_\_\_\_ Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_  
(Street Address)

(City)

(State and Country)

4. If your parents were not U.S. citizens at the time of your birth, what type of document, if any, did they use to enter the United States? Examples include foreign passport, U.S. or a foreign border crossing document, residency card, etc.

\_\_\_\_\_

5. Please provide copies of public records created in the first five years of your life which reference your name, date of birth, and place of birth. List them below and submit documents as available. Examples: birth announcements, medical records, baptismal certificates or other religious records, etc.

\_\_\_\_\_  
(Name of Institution) (Approximate date document was created)

\_\_\_\_\_  
(City) (State and Country)

\_\_\_\_\_  
(Name of Institution) (Approximate date document was created)

\_\_\_\_\_  
(City) (State and Country)

**Section D: Schools/Day Care Centers/Developmental Programs**

(Fill in as much information as possible. Attach a separate sheet, if needed.)

Provide copies of any records for any schools, day care centers, or developmental programs you attended from birth to age 18 in or outside of the United States. List the institutions below and submit documents as available. (Recommend listing at least the first three.)

Name of School/Daycare/ Developmental Program	City	State	Country	Dates of Attendance
<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>
Washington Elementary	Anytown	Anystate	USA	08-1990 to 06-1994

**Section E: Residences**

(Fill in as much information as possible. Attach a separate sheet, if needed.)

Please list all of your permanent residences inside and outside of the United States starting with your birth until age 18 (Recommend listing at least the first three.) Temporary locations of less than 90 days may be omitted.

Street	City	State	Country	Time of Residence
<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>
123 First St.	Anytown	Anystate	USA	03-1990 to 06-2002

**Section F: Signature**

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

\_\_\_\_\_  
Signature Date



**SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE ENTITLEMENT  
FOR A U.S. PASSPORT**

*Please Print Legibly Using Black Ink Only*

**PLEASE DO NOT USE THIS FORM UNLESS THE DEPARTMENT OF STATE ASKS YOU TO USE IT.**

**USE OF THIS FORM**

This form is completed by the applicant only when specifically requested by a passport agency/center when sufficient evidence of entitlement is needed to process your application for a U.S. passport. The applicant has the option to complete the hardcopy form enclosed with the letter from the passport agency/center or complete a fillable PDF version of the form available from a link as provided in the written request. **Please Note: You must print out the form and submit a hardcopy through the mail to the passport agency/center. You may not submit this form electronically.** In addition to completing this form, you may be asked to provide further documentary evidence to support your citizenship claim. Documentary evidence should contain your full name; date and/or place of birth, the seal or other certification of the issuing office (if customary), and the signature of the issuing official. For more information on proof of U.S. citizenship, please refer to instruction pages 1 and 2 of the DS-11, Application for a U.S. Passport, or visit [travel.state.gov/citizenship](http://travel.state.gov/citizenship).

**IMPORTANT**

1. All questions must be answered to the best of your knowledge. The more information you are able to provide, the faster we may be able to process your U.S. passport application. For example, if you are unsure of an exact address, please provide the street, city, and state if you can recall them. The Department of State will consider all the information derived from the form in its entirety.
2. Please submit the information and/or documentation requested with this supplemental questionnaire to the requesting passport agency/center.
3. If you are unable to provide primary evidence of U.S. citizenship, such as a previously-issued U.S. passport or a certified birth certificate, please submit secondary evidence. For lists of primary and secondary evidence of U.S. citizenship, go to [travel.state.gov/citizenship](http://travel.state.gov/citizenship).
4. If you don't know the answer to a question, please write "I don't know." If you believe a particular question does not apply to you or your circumstances, please write "Not Applicable" or "N/A." The Department realizes that most information for this questionnaire may be difficult to obtain and will likely come from other sources. The Department will take these factors into account in the passport issuance process.
5. If you need more space to respond to a question, please write the rest of your responses on a separate piece of paper.

**FOR INFORMATION AND/OR QUESTIONS**

For passport and travel information, please visit [travel.state.gov](http://travel.state.gov). In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD/TTY 1-888-874-7793) or by email at [NPIC@state.gov](mailto:NPIC@state.gov).

**WARNING**

False statements made knowingly and willfully in passport applications, including affidavits or other documents submitted to support this application, are punishable by fine and/or imprisonment under U.S. law including the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained herein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification. Failure to provide information requested on this form, including your Social Security number, may result in significant processing delays and/or the denial of your application.

**PRIVACY ACT STATEMENT**

**AUTHORITIES:** Collection of this information is authorized by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 22 U.S.C. 2714a(f); 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

**PURPOSE:** We are requesting this information in order to determine your entitlement to be issued a U.S. passport. The collection of the Social Security number will be used for identity/entitlement to passport verification only and no other purpose unless authorized by law.

**ROUTINE USES:** This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. More information on the routine uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and Other Overseas Records and State-26, Passport Records.

**DISCLOSURE:** Providing information on this form is voluntary. Be advised, however, that failure to provide the information requested on this form may cause delays in processing your U.S. passport application and/or could result in the refusal or denial of your application. Failure to provide your Social Security number may result in the denial of your application (consistent with 22 U.S.C. 2714a(f)) and may subject you to a penalty enforced by the Internal Revenue Service, as described in the Warning section of the instructions to this form. Your social security number will be provided to the Department of the Treasury and may be used in connection with debt collection, among other purposes authorized and generally described in this section.

**PAPERWORK REDUCTION ACT STATEMENT**

Public reporting burden for this collection of information is estimated to average 85 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: Passport Forms Officer, U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Circle, PO Box 1199, Sterling, Virginia, 20166-1199.



**SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE ENTITLEMENT FOR A U.S. PASSPORT**

Please Print Legibly Using Black Ink Only

**RESET**

**PLEASE DO NOT USE THIS FORM UNLESS THE DEPARTMENT OF STATE ASKS YOU TO USE IT.**

**Section A: Biographical Information**

<b>1. Full Name:</b>	First	Middle	Last
<b>2. Date of Birth:</b> (mm-dd-yyyy)	-	-	
<b>3. Social Security Number:</b>			
<b>4. Place of Birth:</b>	U.S. City & State or City & Country		

**Section B: Family (Living and Deceased)**

(Fill in as much information as possible. Attach a separate sheet, if needed.)

Relationship	Full Name (Include maiden name, if applicable)	Place of Birth (U.S. City & State or City & Country)	Date of Birth (mm-dd-yyyy)	U.S. Citizen?
Brother	Joe Smith Keaton	Anytown, Anystate, USA	12-25-1980	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1. Parent(s)	1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Stepparent(s)	1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Sister(s)/ Brother(s)	1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Grandparent(s)	1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. List name changes for any of your relatives above. For example, "Mother's maiden name -- Jane Johnson":</b>				

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

(Fill in as much information as possible. Attach a separate sheet, if needed.)

**1. Mother's medical information:**

a. Did your mother receive medical care while pregnant with you and/or up to one year after your birth?  Yes  No

b. Name of medical professional: \_\_\_\_\_

c. Approximate dates of appointments: \_\_\_\_\_

d. Name of hospitals or facilities where she received care during pregnancy: \_\_\_\_\_

e. Hospital or Facility Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State and Country \_\_\_\_\_

f. Please provide description of birthing location (Private home, hospital, clinic, etc.): \_\_\_\_\_

g. Length of time mother stayed at the birthing location listed above? (One day, three weeks, etc.) \_\_\_\_\_

h. Please provide the names (as well as address and phone number, if available) of persons present at your birth such as medical personnel, family members, etc.: \_\_\_\_\_





**SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE ENTITLEMENT FOR A U.S. PASSPORT**

*Please Print Legibly Using Black Ink Only*

**PLEASE DO NOT USE THIS FORM UNLESS THE DEPARTMENT OF STATE ASKS YOU TO USE IT.**

**2. If your parents were not U.S. citizens at the time of your birth, what type of document, if any, did they use to enter the United States? Examples include foreign passport, U.S. or a foreign border crossing document, legal permanent resident card, etc.?**

**3. List all your parents' residences one year before your birth (Attach a separate sheet, if needed.):**

Street Address _____	City _____	State and Country _____
Street Address _____	City _____	State and Country _____
Street Address _____	City _____	State and Country _____

**4. List your parents' place(s) of employment at the time of your birth:**

Employment Dates: _____	Employer's Name: _____
Employer's Street Address _____	City _____ State and Country _____
Employment Dates: _____	Employer's Name: _____
Employer's Street Address _____	City _____ State and Country _____

**Section D: Schools/Day Care Centers/Developmental Programs**

*(Fill in as much information as possible. Attach a separate sheet, if needed.)*

**1. Please list any schools, day care centers, or developmental programs you attended from birth to age 18, inside or outside of the United States starting with the first three you attended. List the institutions below and submit documents as available.**

Name of School/Day Care/ Developmental Program	City	State	Country	Dates of Attendance
Washington Elementary	Anytown	Anystate	USA	08-1990 to 06-1994

**Section E: Residences**

*(Fill in as much information as possible. Attach a separate sheet, if needed.)*

**1. Please list all of your residences, inside and outside of the United States, from birth to age 18, starting with your first three.**

Street	City	State	Country	Time of Residence
123 First St.	Anytown	Anystate	USA	03-1990 to 06-2002

**Section F: Signature**

**I declare under penalty of perjury that all statements made in this document are true and correct to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



**SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE ENTITLEMENT FOR A U.S. PASSPORT**

*Please Print Legibly Using Black Ink Only*

**PLEASE DO NOT USE THIS FORM UNLESS THE DEPARTMENT OF STATE ASKS YOU TO USE IT.**

**USE OF THIS FORM**

This form is completed by the applicant only when specifically requested by a passport agency/center when sufficient evidence of entitlement is needed to process your application for a U.S. passport. The applicant has the option to complete the hardcopy form enclosed with the letter from the passport agency/center or complete a fillable PDF version of the form available from a link as provided in the written request. **Please Note: You must print out the form and submit a hardcopy through the mail to the passport agency/center. You may not submit this form electronically.** In addition to completing this form, you may be asked to provide further documentary evidence to support your citizenship claim. Documentary evidence should contain your full name, date and/or place of birth, the seal or other certification of the issuing office (if customary), and the signature of the issuing official. For more information on proof of U.S. citizenship, please refer to Instruction pages 1 and 2 of the DS-11, Application for a U.S. Passport, or visit [travel.state.gov/citizenship](http://travel.state.gov/citizenship).

**IMPORTANT**

1. All questions must be answered to the best of your knowledge. The more information you are able to provide, the faster we may be able to process your U.S. passport application. For example, if you are unsure of an exact address, please provide the street, city, and state if you can recall them. The Department of State will consider all the information derived from the form in its entirety.
2. Please submit the information and/or documentation requested with this supplemental questionnaire to the requesting passport agency/center.
3. If you are unable to provide primary evidence of U.S. citizenship, such as a previously-issued U.S. passport or a certified birth certificate, please submit secondary evidence. For lists of primary and secondary evidence of U.S. citizenship, go to [travel.state.gov/citizenship](http://travel.state.gov/citizenship).
4. If you don't know the answer to a question, please write "I don't know." If you believe a particular question does not apply to you or your circumstances, please write "Not Applicable" or "N/A." The Department realizes that most information for this questionnaire may be difficult to obtain and will likely come from other sources. The Department will take these factors into account in the passport issuance process.
5. If you need more space to respond to a question, please write the rest of your responses on a separate piece of paper.

**FOR INFORMATION AND/OR QUESTIONS**

For passport and travel information, please visit [travel.state.gov](http://travel.state.gov). In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD/TTY 1-888-874-7793) or by email at [NPIC@state.gov](mailto:NPIC@state.gov).

**WARNING**

False statements made knowingly and willfully in passport applications, including affidavits or other documents submitted to support this application, are punishable by fine and/or imprisonment under U.S. law including the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained herein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification. Failure to provide information requested on this form, including your Social Security number, may result in significant processing delays and/or the denial of your application.

**PRIVACY ACT STATEMENT**

**AUTHORITIES:** Collection of this information is authorized by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 22 U.S.C. 2714a(f); 28 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

**PURPOSE:** We are requesting this information in order to determine your entitlement to be issued a U.S. passport. The collection of the Social Security number will be used for identity/entitlement to passport verification only and no other purpose unless authorized by law.

**ROUTINE USES:** This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. More information on the routine uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and Other Overseas Records and State-26, Passport Records.

**DISCLOSURE:** Providing information on this form is voluntary. Be advised, however, that failure to provide the information requested on this form may cause delays in processing your U.S. passport application and/or could result in the refusal or denial of your application. Failure to provide your Social Security number may result in the denial of your application (consistent with 22 U.S.C. 2714a(f)) and may subject you to a penalty enforced by the Internal Revenue Service, as described in the Warning section of the instructions to this form. Your social security number will be provided to the Department of the Treasury and may be used in connection with debt collection, among other purposes authorized and generally described in this section.

**PAPERWORK REDUCTION ACT STATEMENT**

Public reporting burden for this collection of information is estimated to average 85 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: Passport Forms Officer, U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Circle, PO Box 1199, Sterling, Virginia, 20166-1199.





# SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE ENTITLEMENT FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0214  
Expiration Date: 05-31-2024  
Estimated Burden: 85 minutes

**RESET**

**PLEASE DO NOT USE THIS FORM UNLESS THE DEPARTMENT OF STATE ASKS YOU TO USE IT.**

## Section A: Biographical Information

<b>1. Full Name:</b>	First	Middle	Last
<b>2. Date of Birth:</b> (mm-dd-yyyy)	-	-	
<b>3. Social Security Number:</b>			
<b>4. Place of Birth:</b>	U.S. City & State or City & Country		

## Section B: Family (Living and Deceased)

(Fill in as much information as possible. Attach a separate sheet, if needed.)

Relationship	Full Name (Include maiden name, if applicable)	Place of Birth (U.S. City & State or City & Country)	Date of Birth (mm-dd-yyyy)	U.S. Citizen?
Brother	Joe Smith Keaton	Anytown, Anystate, USA	12-25-1980	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1. Parent(s)	1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Stepparent(s)	1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Sister(s)/ Brother(s)	1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Grandparent(s)	1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	4.			<input type="checkbox"/> Yes <input type="checkbox"/> No

5. List name changes for any of your relatives above. For example, "Mother's maiden name - Jane Johnson":

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

(Fill in as much information as possible. Attach a separate sheet, if needed.)

**1. Mother's medical information:**

a. Did your mother receive medical care while pregnant with you and/or up to one year after your birth?  Yes  No

b. Name of medical professional: \_\_\_\_\_

c. Approximate dates of appointments: \_\_\_\_\_

d. Name of hospitals or facilities where she received care during pregnancy: \_\_\_\_\_

e. Hospital or Facility Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State and Country \_\_\_\_\_

f. Please provide description of birthing location (Private home, hospital, clinic, etc.): \_\_\_\_\_

g. Length of time mother stayed at the birthing location listed above? (One day, three weeks, etc.) \_\_\_\_\_

h. Please provide the names (as well as address and phone number, if available) of persons present at your birth such as medical personnel, family members, etc.: \_\_\_\_\_



**SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE ENTITLEMENT FOR A U.S. PASSPORT**

*Please Print Legibly Using Black Ink Only*

**PLEASE DO NOT USE THIS FORM UNLESS THE DEPARTMENT OF STATE ASKS YOU TO USE IT.**

**2. If your parents were not U.S. citizens at the time of your birth, what type of document, if any, did they use to enter the United States? Examples include foreign passport, U.S. or a foreign border crossing document, legal permanent resident card, etc.?**

**3. List all your parents' residences one year before your birth (Attach a separate sheet, if needed.):**

Street Address _____	City _____	State and Country _____
Street Address _____	City _____	State and Country _____
Street Address _____	City _____	State and Country _____

**4. List your parents' place(s) of employment at the time of your birth:**

Employment Dates: _____	Employer's Name: _____
Employer's Street Address _____	City _____ State and Country _____
Employment Dates: _____	Employer's Name: _____
Employer's Street Address _____	City _____ State and Country _____

**Section D: Schools/Day Care Centers/Developmental Programs**

*(Fill in as much information as possible. Attach a separate sheet, if needed.)*

**1. Please list any schools, day care centers, or developmental programs you attended from birth to age 18, inside or outside of the United States starting with the first three you attended. List the institutions below and submit documents as available.**

Name of School/Day Care/ Developmental Program	City	State	Country	Dates of Attendance
Washington Elementary	Anytown	Anystate	USA	08-1990 to 06-1994

**Section E: Residences**

*(Fill in as much information as possible. Attach a separate sheet, if needed.)*

**1. Please list all of your residences, inside and outside of the United States, from birth to age 18, starting with your first three.**

Street	City	State	Country	Time of Residence
123 First St.	Anytown	Anystate	USA	03-1990 to 06-2002

**Section F: Signature**

**I declare under penalty of perjury that all statements made in this document are true and correct to the best of my knowledge.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE IDENTITY FOR A U.S. PASSPORT

### USE OF SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE IDENTITY FOR A U.S. PASSPORT

This form is intended to supplement an application for a U.S. passport in the event insufficient evidence of identity is provided. In addition to completing this form, you may be asked to provide further documentary evidence to support your identity claim. Documentary evidence should contain your full name/photograph (with issue date) or full name/signature (with issue date). For more information on proof of identity, please refer to page two of the instructions for the DS-11, Application for a U.S. Passport, or visit [travel.state.gov](http://travel.state.gov).

### FORM INSTRUCTIONS

1. To assist us in establishing your identity for a U.S. passport, please fill out this supplemental questionnaire and return it to the requesting passport office. If you have been asked for additional information and/or documentation, please submit the information and/or documentation requested with this supplemental questionnaire.
2. If you are unable to provide primary evidence of identity such as a previously issued U.S. passport, naturalization certificate, valid driver's license, valid government-issued identification or another form of primary evidence of identity, please submit secondary evidence. For lists of primary and secondary evidence of identity, go to <http://travel.state.gov/passport> and click on the link to information for first time applicants.
3. Please complete the questions on this form to the best of your knowledge. Generally, the more information you are able to provide, the faster we may be able to process your U.S. passport application.
4. If you are unsure of the answer to a question, please provide a response to the best of your knowledge. For example, if you are unsure of an exact address, please provide the city, state and street name if you can recall them. Passport Services will consider all the information derived from the form in its entirety.
5. Failure to answer every question will not necessarily preclude passport issuance, as the form is considered in its entirety.
6. If you have no knowledge of the answer to a question, please write "I don't know." If you believe a particular question does not apply to you or your circumstances, please write "not applicable" or "N/A."
7. If you need more space to respond to a question, please write the rest of your response on a separate sheet of paper.

### FOR INFORMATION AND/OR QUESTIONS

Please visit our website at [travel.state.gov](http://travel.state.gov). In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD 1-888-874-7793) or by e-mail at [NPIC@state.gov](mailto:NPIC@state.gov). Customer Service Representatives are available Monday-Friday, 8:00 a.m.-10:00 p.m. Eastern Time (excluding federal holidays). Automated information is available 24/7.

### 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, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification.

### PRIVACY ACT STATEMENT

**AUTHORITIES:** We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

**PURPOSE:** We are requesting this information in order to determine your entitlement to be issued a U.S. passport. The collection of the Social Security number will be used for identity /entitlement to passport verification only and no other purpose unless authorized by law.

**ROUTINE USES:** This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad.

More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

**DISCLOSURE:** Providing your Social Security number and the other information on this form is voluntary, but failure to provide the information on this form may, given the form's purpose of verification of your identity or entitlement, result in processing delays or denial of your 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. Responding to this collection of information is voluntary. 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 2201 C Street NW, Washington, D.C. 20520.



**U.S. Department of State  
SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE  
IDENTITY FOR A U.S. PASSPORT**

OMB Approval No.: 1405-0216  
Expiration Date: 06-31-2016  
Estimated Burden: 45 minutes

**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	Current Address
<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>
<i>Brother</i>	<i>Joe Smith</i>	<i>Anytown, Anystate, USA</i>	<i>12-25-1980</i>	<i>123 Elm St. Anytown, Anystate</i>
Father/Parent				
Stepfather/Parent				
Mother/Parent				
Stepmother/Parent				
Sibling				
Sibling				
Sibling				
Sibling				

**Section C: Employment**

**Please list your last three places of employment (if applicable)**  
If self-employed or a contractor working remotely, provide your home addresses.  
If active duty military, provide 3 most recent duty stations.

Company Name	Address	City, State	Country	Time Employed
<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>
<i>ABC Industries</i>	<i>1001 West Elm Drive</i>	<i>Anytown, Anystate</i>	<i>USA</i>	<i>2004-2008</i>

### Section D: Schools

Please list all schools that you attended inside and outside of the United States (or as many as possible)

Name of School	City	State	Country	Dates of Attendance
<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>

### Section E: Residences

Please list your five most recent permanent residences (or as many as possible)  
Temporary residences of less than 90 days may be omitted

Street	City	State	Zip Code	Country	Time of Residence
<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>
			101		

### Section F: Signature

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

Signature

Date



## SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE IDENTITY FOR A U.S. PASSPORT

### USE OF SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE IDENTITY FOR A U.S. PASSPORT

This form is intended to supplement an application for a U.S. passport in the event insufficient evidence of identity is provided. In addition to completing this form, you may be asked to provide further documentary evidence to support your identity claim. Documentary evidence should contain your full name/photograph (with issue date) or full name/signature (with issue date). For more information on proof of identity, please refer to page two of the instructions for the DS-11, Application for a U.S. Passport, or visit [travel.state.gov](http://travel.state.gov).

### FORM INSTRUCTIONS

1. To assist us in establishing your identity for a U.S. passport, please fill out this supplemental questionnaire and return it to the requesting office. If you have been asked for additional information and/or documentation, please submit the information and/or documentation requested with this supplemental questionnaire.
2. If you are unable to provide primary evidence of identity such as a previously issued U.S. passport, naturalization certificate, valid driver's license, valid government-issued identification or another form of primary evidence of identity, please submit secondary evidence. For lists of primary and secondary evidence of identity, go to <http://travel.state.gov/passport> and click on the link to information for first time applicants.
3. Please complete the questions on this form to the best of your knowledge. Generally, the more information you are able to provide, the faster we may be able to process your U.S. passport application.
4. If you are unsure of the answer to a question, please provide a response to the best of your knowledge. For example, if you are unsure of an exact address, please provide the city, state, and street name if you can recall them. Passport Services will consider all the information derived from the form in its entirety.
5. Failure to answer every question will not necessarily preclude passport issuance, as the form is considered in its entirety.
6. If you have no knowledge of the answer to a question, please write "I don't know." If you believe a particular question does not apply to you or your circumstances, please write "not applicable" or "N/A."
7. If you need more space to respond to a question, please write the rest of your response on a separate sheet of paper.

### FOR INFORMATION AND/OR QUESTIONS

Please visit our website at [travel.state.gov](http://travel.state.gov). In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD 1-888-874-7793) or by e-mail at [NPIC@state.gov](mailto:NPIC@state.gov). Customer Service Representatives are available Monday-Friday, 8:00 a.m.-10:00 p.m. Eastern Time (excluding federal holidays). Automated information is available 24/7.

### 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, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. 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 18 U.S.C. 1544. All statements and documents are subject to verification.

### PRIVACY ACT STATEMENT

**AUTHORITIES:** We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 22 U.S.C 2714a(f), Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

**PURPOSE:** We are requesting this information in order to determine your entitlement to be issued a U.S. passport. The collection of the Social Security number will be used for identity/entitlement to passport verification only and no other purpose unless authorized by law.

**ROUTINE USES:** This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad.

More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

**DISCLOSURE:** Providing information on this form is voluntary, but failure to provide your Social Security number on your passport application may result in the denial of your application (consistent with 22 U.S.C 2714a(f))

### 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. Responding to this collection of information is voluntary. 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Legal Affairs and Law Enforcement Liaison, 44132 Mercure Circle, P.O. Box 1227, Sterling, VA, 20166-1227.



**U.S. Department of State  
SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE  
IDENTITY FOR A U.S. PASSPORT**

OMB Approval No.: 1405-0216  
Expiration Date: 08-31-2019  
Estimated Burden: 45 minutes

**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 (U.S. City & State or City & Country)	Date of Birth	Current Address
Brother	Joe Smith	Anytown, Anystate, USA	12-25-1980	123 Elm St. Anytown, Anystate
Father/Parent				
Stepfather/Parent				
Mother/Parent				
Stepmother/Parent				
Brother/Sister				
Brother/Sister				
Brother/Sister				
Brother/Sister				
Spouse				

**Section C: Employment**

**Please list your last four places of employment (if applicable)  
If self-employed or a contractor working remotely, provide your home addresses.  
If active duty military, provide 4 most recent duty stations.**

Company Name & Address	Job Title	U.S. City & State or City & Country	Country	Time Employed
ABC Industries/1001 West Elm Drive	Writer	Anytown, Anystate	USA	2004-2008



**Section D: Schools**

Please list all schools that you attended inside and outside of the United States (or as many as possible)

Name of School	City	State	Country	Dates of Attendance
<i>Washington Elementary</i>	<i>Anytown</i>	<i>Anystate</i>	<i>USA</i>	<i>08-1990 to 06-1994</i>

**Section E: Residences**

Please list your five most recent permanent residences (or as many as possible)  
Temporary residences of less than 90 days may be omitted

Street	City	State	Zip Code	Country	Time of Residence
<i>123 First St.</i>	<i>Anytown</i>	<i>Anystate</i>	<i>11011</i>	<i>USA</i>	<i>03-1990 to 06-2002</i>

**Section F: Signature**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





# SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE IDENTITY FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

**PLEASE DO NOT USE THIS FORM UNLESS THE DEPARTMENT OF STATE ASKS YOU TO USE IT.**  
**USE OF THIS FORM**

This form is completed by the applicant only when specifically requested by a passport agency/center when sufficient evidence of identification is needed to process your application for a U.S. passport. The applicant has the option to complete the hardcopy form enclosed with the letter from the passport agency/center or complete a fillable PDF version of the form available from a link as provided in the written request. **Please Note: You must print out the form and submit a hardcopy through the mail to the passport agency/center. You may not submit this form electronically.** In addition to completing this form, you may be asked to provide further documentary evidence to support your identity claim. Documentary evidence should contain your full name/photograph (with issue date) or full name/signature (with issue date). For more information on proof of identity, please refer to Instruction page 1 of the DS-11, Application for a U.S. Passport, or visit [travel.state.gov/identification](http://travel.state.gov/identification).

### IMPORTANT

- All questions must be answered to the best of your knowledge.** The more information you are able to provide, the faster we may be able to process your U.S. passport application. For example, if you are unsure of an exact address, please provide the street, city, and state if you can recall them. The Department of State will consider all the information derived from the form in its entirety.
- Please submit the information and/or documentation requested with this supplemental questionnaire to the requesting passport agency/center.
- If you are unable to provide primary evidence of U.S. citizenship, such as a previously-issued U.S. passport or a certified birth certificate, please submit secondary evidence. For lists of primary and secondary evidence of U.S. citizenship, go to [travel.state.gov/citizenship](http://travel.state.gov/citizenship).
- If you don't know the answer to a question, please write "I don't know." If you believe a particular question does not apply to you or your circumstances, please write "Not Applicable" or "N/A." The Department realizes that most information for this questionnaire may be difficult to obtain and will likely come from other sources. The Department will take these factors into account in the passport issuance process.
- If you need more space to respond to a question, please write the rest of your responses on a separate piece of paper.

### FOR INFORMATION AND/OR QUESTIONS

For passport and travel information, please visit [travel.state.gov](http://travel.state.gov). In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD/TTY 1-888-874-7793) or by email at [NPIC@state.gov](mailto:NPIC@state.gov)

### WARNING

False statements made knowingly and willfully in passport applications, including affidavits or other documents submitted to support this application, are punishable by fine and/or imprisonment under U.S. law including the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained herein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification. Failure to provide information requested on this form, including your Social Security number, may result in significant processing delays and/or the denial of your application.

### PRIVACY ACT STATEMENT

**AUTHORITIES:** Collection of this information is authorized by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 22 U.S.C. 2714a(f); 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

**PURPOSE:** We are requesting this information in order to determine your entitlement to be issued a U.S. passport. The collection of the Social Security number will be used for identity/entitlement to passport verification only and no other purpose unless authorized by law.

**ROUTINE USES:** This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. More information on the routine uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and Other Overseas Records and State-26, Passport Records.

**DISCLOSURE:** Providing information on this form is voluntary. Be advised, however, that failure to provide the information requested on this form may cause delays in processing your U.S. passport application and/or could result in the refusal or denial of your application. Failure to provide your Social Security number may result in the denial of your application (consistent with 22 U.S.C. 2714a(f)) and may subject you to a penalty enforced by the Internal Revenue Service, as described in the Warning section of the Instructions to this form. Your social security number will be provided to the Department of the Treasury and may be used in connection with debt collection, among other purposes authorized and generally described in this section.

### PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 85 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: Passport Forms Officer, U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Circle, PO Box 1199, Sterling, Virginia, 20166-1199.



### SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE IDENTITY FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

PLEASE DO NOT USE THIS FORM UNLESS THE DEPARTMENT OF STATE ASKS YOU TO USE IT.

#### Section A: Biographical Information

<b>1. Full Name:</b>	First	Middle	Last
<b>2. Date of Birth:</b> (mm-dd-yyyy)	-	-	<b>3. Social Security Number:</b>
<b>4. Place of Birth:</b>	U.S. City & State or City & Country		

#### Section B: Family (Living and Deceased)

(Fill in as much information as possible. Attach a separate sheet, if needed.)

Relationship	Full Name (include maiden name, if applicable)	Place of Birth (U.S. City & State or City & Country)	Date of Birth (mm-dd-yyyy)	Current Address
Brother	Joe Smith Keaton	Anytown, Anystate, USA	12-25-1980	123 Elm St Anytown, Anystate USA
1. Parent(s)	1.			
	2.			
2. Stepparent(s)	1.			
	2.			
3. Sister(s)/ Brother(s)	1.			
	2.			
	3.			
	4.			
4. Spouse	1.			

#### Section C: Employment

(Fill in as much information as possible. Attach a separate sheet, if needed.)

1. Please list your places of employment (if applicable) starting with your last three. If self-employed or a contractor working remotely, provide your home addresses. If active duty military, provide 4 most recent duty stations.

Company Name & Address	Job Title	City & State	Country	Time Employed
ABC Industries/1001 West Elm Drive	Writer	Anytown, Anystate	USA	2004-2008

#### Section D: Schools

(Fill in as much information as possible. Attach a separate sheet, if needed.)

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

Name of School	City	State	Country	Dates of Attendance
Washington Elementary	Anytown	Anystate	USA	08-1990 to 06-1994



U.S. Department of State

**SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE IDENTITY  
FOR A U.S. PASSPORT**

*Please Print Legibly Using Black Ink Only*

OMB CONTROL NO. 1405-0215

Expiration Date: 02-29-2024

Estimated Burden: 45 minutes

**PLEASE DO NOT USE THIS FORM UNLESS THE DEPARTMENT OF STATE ASKS YOU TO USE IT.**

**Section E: Residences**

*(Fill in as much information as possible. Attach a separate sheet, if needed.)*

**1. Please list all your permanent residences starting with the most recent. Temporary residences of less than 90 days may be omitted.**

Street	City	State	Zip Code	Country	Time of Residence
123 First St.	Anytown	Anystate	11011	USA	03-1990 to 06-2002

**Section F: Signature**

**I declare under penalty of perjury that all statements made in this document are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE IDENTITY FOR A U.S. PASSPORT**

*Please Print Legibly Using Black Ink Only*

**PLEASE DO NOT USE THIS FORM UNLESS THE DEPARTMENT OF STATE ASKS YOU TO USE IT.**  
**USE OF THIS FORM**

This form is completed by the applicant only when specifically requested by a passport agency/center when sufficient evidence of identification is needed to process your application for a U.S. passport. The applicant has the option to complete the hardcopy form enclosed with the letter from the passport agency/center or complete a fillable PDF version of the form available from a link as provided in the written request. **Note: You must print out the form and submit a hardcopy through the mail to the passport agency/center. You may not submit this form electronically.** In addition to completing this form, you may be asked to provide further documentary evidence to support your identity claim. Documentary evidence should contain your full name/photograph (with issue date) or full name/signature (with issue date). For more information on proof of identity, please refer to instruction page 1 of the DS-11, Application for a U.S. Passport, or visit [travel.state.gov/identification](http://travel.state.gov/identification).

**IMPORTANT**

- All questions must be answered to the best of your knowledge.** The more information you are able to provide, the faster we may be able to process your U.S. passport application. For example, if you are unsure of an exact address, please provide the street, city, and state if you can recall them. The Department of State will consider all the information derived from the form in its entirety.
- Please submit the information and/or documentation requested with this supplemental questionnaire to the requesting passport agency/center.
- If you are unable to provide primary evidence of U.S. citizenship, such as a previously-issued U.S. passport or a certified birth certificate, please submit secondary evidence. For lists of primary and secondary evidence of U.S. citizenship, go to [travel.state.gov/citizenship](http://travel.state.gov/citizenship).
- If you don't know the answer to a question, please write "I don't know." If you believe a particular question does not apply to you or your circumstances, please write "Not Applicable" or "N/A." The Department realizes that most information for this questionnaire may be difficult to obtain and will likely come from other sources. The Department will take these factors into account in the passport issuance process.
- If you need more space to respond to a question, please write the rest of your responses on a separate piece of paper.

**FOR INFORMATION AND/OR QUESTIONS**

For passport and travel information, please visit [travel.state.gov](http://travel.state.gov). In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD/TTY 1-888-874-7793) or by email at [NPIC@state.gov](mailto:NPIC@state.gov).

**WARNING**

False statements made knowingly and willfully in passport applications, including affidavits or other documents submitted to support this application, are punishable by fine and/or imprisonment under U.S. law including the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained herein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification. Failure to provide information requested on this form, including your Social Security number, may result in significant processing delays and/or the denial of your application.

**PRIVACY ACT STATEMENT**

**AUTHORITIES:** Collection of this information is authorized by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 22 U.S.C. 2714a(f); 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

**PURPOSE:** We are requesting this information in order to determine your entitlement to be issued a U.S. passport. The collection of the Social Security number will be used for identity/entitlement to passport verification only and no other purpose unless authorized by law.

**ROUTINE USES:** This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. More information on the routine uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and Other Overseas Records and State-26, Passport Records.

**DISCLOSURE:** Providing information on this form is voluntary. Be advised, however, that failure to provide the information requested on this form may cause delays in processing your U.S. passport application and/or could result in the refusal or denial of your application. Failure to provide your Social Security number may result in the denial of your application (consistent with 22 U.S.C. 2714a(f)) and may subject you to a penalty enforced by the Internal Revenue Service, as described in the Warning section of the instructions to this form. Your social security number will be provided to the Department of the Treasury and may be used in connection with debt collection, among other purposes authorized and generally described in this section.

**PAPERWORK REDUCTION ACT STATEMENT**

Public reporting burden for this collection of information is estimated to average 85 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: Passport Forms Officer, U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Circle, PO Box 1199, Sterling, Virginia, 20166-1199.



U.S. Department of State

# SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE IDENTITY FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0215

Expiration Date: 05-31-2024

Estimated Burden: 45 minutes

**PLEASE DO NOT USE THIS FORM UNLESS THE DEPARTMENT OF STATE ASKS YOU TO USE IT.**

## Section A: Biographical Information

<b>1. Full Name:</b>	First	Middle	Last
<b>2. Date of Birth:</b> (mm-dd-yyyy)	-	-	
<b>4. Place of Birth:</b>	U.S. City & State or City & Country		
<b>3. Social Security Number:</b>			

## Section B: Family (Living and Deceased)

(Fill in as much information as possible. Attach a separate sheet, if needed.)

Relationship	Full Name (Include maiden name, if applicable)	Place of Birth (U.S. City & State or City & Country)	Date of Birth (mm-dd-yyyy)	Current Address
<b>1. Parent(s)</b>	<b>Brother</b> Joe Smith Keaton	Anytown, Anystate, USA	12-25-1980	123 Elm St Anytown, Anystate USA
<b>2. Stepparent(s)</b>	1.			
	2.			
<b>3. Sister(s)/ Brother(s)</b>	1.			
	2.			
	3.			
	4.			
<b>4. Spouse</b>	1.			

## Section C: Employment

(Fill in as much information as possible. Attach a separate sheet, if needed.)

**1. Please list your places of employment (if applicable) starting with your last three. If self-employed or a contractor working remotely, provide your home addresses. If active duty military, provide 4 most recent duty stations.**

Company Name & Address	Job Title	City & State	Country	Time Employed
ABC Industries/1001 West Elm Drive	Writer	Anytown, Anystate	USA	2004-2008

## Section D: Schools

(Fill in as much information as possible. Attach a separate sheet, if needed.)

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

Name of School	City	State	Country	Dates of Attendance
Washington Elementary	Anytown	Anystate	USA	08-1990 to 06-1994



**SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE IDENTITY  
FOR A U.S. PASSPORT**

*Please Print Legibly Using Black Ink Only*

**PLEASE DO NOT USE THIS FORM UNLESS THE DEPARTMENT OF STATE ASKS YOU TO USE IT.**

**Section E: Residences**

*(Fill in as much information as possible. Attach a separate sheet, if needed.)*

**1. Please list all your permanent residences starting with the most recent. Temporary residences of less than 90 days may be omitted.**

Street	City	State	Zip Code	Country	Time of Residence
123 First St.	Anytown	Anystate	11011	USA	03-1990 to 06-2002

**Section F: Signature**

**I declare under penalty of perjury that all statements made in this document are true and correct to the best of my knowledge.**

Signature \_\_\_\_\_

Date \_\_\_\_\_