

JUL 3 1 2024



Washington, D.C. 20520

In reply refer to:

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.

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

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

Your appeal must be postmarked or electronically transmitted within <u>90 days</u> 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

Regina L. Ballard

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

Subsections	<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.

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.
- 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.
- 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. Fallure 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. In addition, contact the National Passport Information Center (NPIC) toil-free at 1-877-487-2778 (TDD 1-888-874-7793) or by e-mail at 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

2. Date of Birth:	(month) (day)	3. Social Security Nun	lber:	
4. Place of Birth (City,		(Joan)		
Se	ction B: Informatio	n about Your Family (<i>Living</i> a		4.0.30
Relationship	Full Name	Place of Righ	nd Deceased)	
Example	Example	(City, State, Country)	Date of Birth	is This Per a U.S. Citiz
Sibling	Joe Smith	Example	Example	Example
Father/Parent	oct Smith	Anytown, Anystate, USA	12-25-1980	YES
Stepfather/Parent				
Mother/Parent				
	•			
tepmother/Parent				
Sibling				
A.S. Section C:	Information for No	on-Institutional Births or Delay		
	(fill in as n	pri-institutional Births or Delay nuch information as possible)	ed Birth Filing	S.
If you answered "A. "	Were you born in a	nuch information as possible) of the date your birth occurred? hospital?	S No.	
ist all your parent(s) res	either of the above question	hospital? 15. please complete items 1 - 5. Otherwise, pl	ease continue on to S	ction D
	YCAI DEIOIG	your birth:		
	F2 82 84	(Street Address)		
(City)		Male	nd Country)	
	<u> </u>	1-min 6	nu Country)	· · · · · · · · · · · · · · · · · · ·

	ment at the time of your birth:
Dates of employment:	Name of employer:
Address of employer:	
	(Stréet Address)
(City)	(State and Country)
ates of employment:	Name of employer:
ddress of employer:	
- According to	(Street Address)
(City)	(State and Country)
	S. citizens at the time of your birth, what type of document, if any, did they use to enter the nolude foreign passport, U.S. or a foreign border crossing document, residency card, etc.
Mother's medical informati	
	<u> </u>
•	
lame of hospital or other fac	cility:
.dd	
\ddress:	(Street Address)
- Company Comp	
(City)	(State and Country)
lame of Doctor:	
pproximate dates of appoin	itments:
lease provide description o	f birthing location:
	(Private home, hospital, clinic, etc.)
	(Private nome, nospilal, child, etc.)
ength of time mother stayed	at the birthing location listed above?
-	at the birthing location listed above? (One day, three weeks, etc.)
lease provide the names (as	d at the birthing location listed above? (One day, three weeks, etc.)
lease provide the names (as	d at the birthing location listed above? (One day, three weeks, etc.)
lease provide the names (as	d at the birthing location listed above? (One day, three weeks, etc.)
lease provide the names (as	d at the birthing location listed above? (One day, three weeks, etc.)
•	d at the birthing location listed above? (One day, three weeks, etc.)

Name of School/Daycare/ [ay care centers, or dev United States (list a	ic least the first three	or as many as pos	ssible).	18 in or outside o
Examp	,i i ograf	n City	State	Country	Dates of Attend
	<u> </u>	Example	Example	Example	
Washington E	lementary	Anytown	Anystate	USA	Example 08-1990 to
					06-1994
		•			
·					
	Sec	tion E: Residenc	12. v 18.		
(visi at least the first th	ree or as many as pos	sible). Temporary loc	United States start	ing with your	birth until age 18
Please list all of your perms (list at least the first th Street	ree or as many as pos	Sible). Temporary loc	United States start ations of less than State		-
Example	ree or as many as pos	City Example	Jnited States start ations of less than State Example	Country	Time of
		City	State	Country Example	Time of Example 03-1990 to
Example		Example	State Example	Country	Time of
Example		Example	State Example	Country Example	Time of Example 03-1990 to
Example		Example	State Example	Country Example	Time of Example 03-1990 to
Example		Example	State Example	Country Example	Time of Example 03-1990 to
Example		Example	State Example	Country Example	Time of Example 03-1990 to
Example		Example	State Example	Country Example	Time of Example 03-1990 to
Example		Example	State Example	Country Example	Time of Example 03-1990 to
Example		Example	State Example	Country Example	Time of Example 03-1990 to
Example		Example Anytown	State Example Anystate	Country Example	Time of Example 03-1990 to
Example	Section	Example Anytown On F: Signature	State Example Anystate	Country Example USA	Time of Example 03-1990 to 06-2002



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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

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

OMB CONTROL NO. 1405-0214
OMB EXPIRATION DATE: 08-31-2019
ESTIMATED BURDEN: 85 minutes

		Section A: Biog	graphical Information		
1. Full Name: (First, Middle, Last)				a markana kanalan	
2. Date of Birth (MM-DD-YYYY)	•	-	3. Social Security Number:		
4. Place of Birti	h (City, State/	Country):			
	Section	B: Information about	Your Family - <i>Living and D</i> e	ceased	
Relationship		Full Name	Place of Birth (City, State, Country)	Date of Birth	U.S. Citizen?
Example		Example	Example	Example	Example
Parent(s)	J	oe Smith Keaton	Anytown, Anystate, USA	12-25-1980	X Yes
Parent(s)	1.				Yes No
	2.				Yes No
Stepparent(s)	1.				Yes
otepparent(s)	2.				Yes No
er en	1.				Yes
• :	2.				No Yes
Sibling(s)	3.				No Yes
	4.				☐ No☐ Yes
					No Yes
	1.				No
Grandparent(s)	2.				Yes No
	3.				Yes No
	4.				Yes No
Provide any other	er names you	relatives listed above may ha	ve used:	<u> </u>	
Se	ction C: In	formation for Non-Inst	itutional Births or Delayed E possible. Atlach a separate sheet. if needed.)	Birth Filings	
1. Mother's med			possible. Atlacti a separate sheet, il needed.)		
			ou and/or up to one year after your b	irth? Yes	No
Name of Doctor:					
Approximate da	tes of appoint	ments:			

Mother's medical information	n (continued):	
Name of hospitals or facilitie	es where she received car	e during pregnancy:
		A manual brackets
Address:		(Street Address)
		(oraci murescy
(City)		
• •••		(State and Country)
Please provide description o	of birthing location:	
		(Private home, hospital, clinic, etc.)
Length of time mother stayed	at the birthing location /	listed chave?
		(One day, three weeks, etc.)
Please provide the names (ar	s well as address and pho	one number, if available) of persons present at your birth such as
Manical heranimed	Ambers, sw	
2. List all your parents' reside	hafara yar	
& List an your paraces	INCOS ONO YOU LEWIN JUL	ir birth:
		(Street Address)
(City)		(State and Country)
		(State bill Stuties)
		(Street Address)
(Cita)		
(City)		(State and Country)
3. Parents' place of employme	ant at the time of your birf	th-
Dates of employment:	Name o	of employer:
Address of employer:		
		(Street Address)
(City)		(State and Country)
Dates of employment:	Name o	of employer:
Address of employer:		
Address of employer.		(Street Address)
		(Magai right only
(City)		(State and Country)

4. If your parents were not U.S. citize United States? Examples include f	ns at the time oreign passpo	of your birth, what t ort, U.S. or a foreign	ype of documen border crossing	it, if any, did the document, res	y use to enter the idency card, etc.
5. Please provide copies of public reand place of birth. List them below a paptismal certificates or other religio	ia submit doc	uments as available	s of your life whi Examples: birt	ich reference yo h announcemer	our name, date of birt nts, medical records,
	Name of Institution)		(Approximate	date document was created
(City)			(Sta	te and Country)	
	Name of Institution	·		(Approximate	date document was created
(City)	**************************************		/01-		
	aboole/Day	Cara Carata in I		te and Country)	
Section D. Se	(Fill in as much in	Care Centers/l	Developmen h a separate sheet, if i	itai Program needed)	IS
rovide copies of any records for any sc utside of the United States. List the inst	itutions below	centers, or developm and submit document	ental programs y s as available. (R	ou attended from ecommend listing	birth to age 18 in or g at least the first three
ame of School/Daycare/ Developme	ntal Program	City	State	Country	Dates of Attendance
Example Washington Elementary		Example	Example	Example	Example 08-1990 to
washington Elementary		Anytown	Anystate	USA	06-1994
		*			
· · · · · · · · · · · · · · · · · · ·					
	5.0	otion E. Booids			
(Fi	ા Il in as much inforn	ction E: Reside nation as possible. Atlach a	NCES separate sheet, if nee	ded.)	
Please list all of your permanent resid (Recommend listing at leas	ences inside a	nd outside of the Unite	d States starting	with your birth u	ntil age 18
Street	1	City	State	Countr	7
Example					Residence
123 First St.		Example Anytown	Example Anystate	Exampl USA	le Example 03-1990 to
	_	Anytown	Allystate	USA	06-2002
	Se	ction F: Signat	ure	1	
eclare under penalty of perjury that lowledge.	ali responses	contained in this do	ocument are true	and correct to	the best of my
S	ignature		·	MAPA MENTAL MANAGEMENT AND	Date



OMB CONTROL NO. 1405-0214 Expiration Date: 03-31-2024 Estimated Burden: 85 minutes

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.

IMPORTANT ***

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- Please submit the information and/or documentation requested with this supplemental questionnaire to the requesting passport
- 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, 3. please submit secondary evidence. For lists of primary and secondary evidence of U.S. citizenship, go to 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. 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. 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.

WARNING FOR THE PARTY OF THE PA 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. Fallure to provide information requested on this form, including your Social Security number, may result in significant processing delays and/or the denial of your

PRIVACY ACT STATEMENT 375

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, 1965); 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.



OMB CONTROL NO. 1405-0214 Expiration Date: 03-31-2024 Estimated Burden: 85 minutes

SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE ENTITLEMENT FOR A U.S. PASSPORT Please Print Legibly Using Black Ink Only

		Section A. B.	Using Black Ink Only HE DEPARTMENT OF STATE ASKS	RES	Personal St.
1. Full Name:	First	Middle	graphical Information		Value 1
2. Date of Birth: (mm-dd-yyyy)					
4. Place of Birth:	US City & State of	Systems (1997)	3. Social Security Number:	Alle III II a na chi di	
		Section B: Family (
Relationship		End Market	IUIC. ATTACH & Separate theel if any		
Brother	(IIICIU	de maiden name, if applicable) Joe Smith Keaton	(U.S. City & State or City & Country)	Date of Birth (mm-dd-yyyy)	U.S
	jul .	- Co Gillion Nearon	Anytown, Anystate, USA	12-25-1980	Citize XYes
1. Parent(s)	2.				□No □Yes
2 04-	77 425 781				□No □Yes
2. Stepparent(s)	2.				□No □Yes
	1 1 1 1 1 1 1				□No □Yes
3. Sister(s)/	2.				□No □Yes
Brother(s)	The Chipson				□No □Yes
					□No □Yes
	4.		See Angelon and the Control of the C		□No □Yes
A					□No □Yes
. Grandparent(s)	2.				□No □Yes
					No Yes
List name changes	4. for any of you	r relatives above.	e, "Mother's maiden name – Jane Joi		JNo JYes
other's medical in	Section C: Ir (साम	nformation for Non-Instituti	onal Births or Delayed Birth Filip	nson":	<u>I</u> No
a. Did your mother rec	eive medical care	while pregnant with you and/or up t			
			orie year after your birth? YesNo		
Approximate dates of hospitals or received care during	English and	he T			
		Street	Hard beild, d		are re-
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. Hospital or Facility A Please provide descri (Private home, hospi	ption of birthing lo		State and Country		
Hospital or Facility A Please provide descri (Private home, hospit Length of time mothe location listed shows?	ption of birthing to al, clinic, etc.): r stayed at the bird	cation thing	Guate and Country		
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Hospital or Facility A Please provide descri (Private home, hospit Length of time mothe location listed above? Please provide the na phone number, if avail	ption of birthing lo al, clinic, etc.): r stayed at the birt (One day, three to mes (as well as a	cation thing veeks, etc.) ddress and	State and Country		



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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 STA

2. If your parents were not U. United States? Examples i	nclude foreign pas	me of your birth, who sport, U.S. or a forei	at type of docume	nt, if any, did the	y use to enter the
United States? Examples i card, etc.?		Jis. or a lore)	yn doraer crossin	g document, leg	al permanent residen
	Les de la company				
3. List all your parents' reside	nces one vest befo	No your birth (A4-)			
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			State a	nd Country	
	City		State a	nd Country	Controlled The Control
Street Address	City _		State a		
4. List your parents' place(s) o	f employment at th	d time of war to take		-	
Employment Dates:		- mile of your DIKU:	i da ing kalang merang perang per Perang perang	eri Rija Standarda padatana da da	5.48 ft . Cal
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mployer's Street Address		Employer's Name:		e de la companya de	
Project of dealer Address	· · · · · · · · · · · · · · · · · · ·	City		State and Country	
Se	ction D. Schoole	Day Core C-	(15)		
Please list any polyagia de		- as possible. Allaci	i a separate sheet, if ,	needed)	
States starting with the first three	Pyou attended I let t	nental programs you at	tended from birth to	age 18, Inside or	outside of the United
Care/ Develo	opmental Program	City	State	Totalidate.	<u> </u>
Washington Eleme	ntary	Anytown	Anystate	Country	Dates of Attendance
	a kair			UGA	08-1990 to 06-199
					7 (- 20 a 20
		Section E: Resider tion as possible. Attach			
lease list all of your residences, l Street	niside and outside of	the United States, from	birth to age 18, sta	cting with your floor	444
123 First St.		State		Country	Time of Residence
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clare under penalty of perjury	that all statements	Section F: Signatu	re		
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Signal	ura				
Oigilai	WI C		***************************************	Date	



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

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.

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.
- 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.
- 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. 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.

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. Fallure 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.

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

SUPPLEMENTAL QUESTIONNAIRE TO DETERMINE ENTITLEMENT FOR A U.S. PASSPORT Please Print Legibly Using Black Ink Only

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1. Full Name;	First		Middle	ke-jao- y Sign	100	date	
2. Date of Birth: (mm-dd-yyyy)		2 (mark) (196)		3. Social Secur	and the latest the second		
4. Place of Birth:	US City & Shape	COY's Courty			wy (valiper:		
			ection B: Family (L	What and h	Planting and State and		
Relationship		Full N	2000	le. Allach a separale :	nsed) sheet, if needed ; ••••••••••••••••••••••••••••••••		
Brother		Joe Smith	me, if applicable) Keaton	(U.S. City & State	or City & Country)	Date of Birth (mm-dd-yyyy)	U.S. Citizer
1. Parent(s)	ng an			Anytown, Al	nystate, USA	12-25-1980	⊠Yes □No
	2.						□Yes □No
2. Stepparent(s)	g j Tillian S	2 mg - 10 mg			of the Paris of the American		☐Yes ☐No
- P - Ondo	2.						∐Yes □No
	i rangangana Pilangan	The Carry Maria					∐Yes ∐No
3. Sister(s)/	2.				Process of Constant Strangers of the		□Yes □No
Brother(s)	3.						∐Yes □No
	4.				The state of the s		□Yes □No
	super 1, 3 (los		. 144 - La Sonto present			ľ	∐Yes ∐No
. Grandparent(s)	2.]Yes]No
	3	The Assert Const.					JYes ∃No
	4				100	Maria Carata Cara Cara Cara Cara Cara Cara C]Yes]No
List name change:	for any of yo	our relatives	ahova For over				Yes
			above. For example	, "Mother's maide	n name – Jane Joi	hnson":]No
	Section C:	Information	for Non-Institutio Ormalion as possible: Ai	onal Births or Da			
iother's medical in	formation:	illi as muçh ini	rior Non-Institutio Ormalion as possible. Ai	tiach a separate shee	t, if needed.)	gs the second	1
b. Name of medical pr	zerve medical ca	re while pregna	ent with you and/or up to	oné year after your b	olith? Yes No		
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OMB CONTROL NO. 1405-0214 Expiration Date: 05-31-2024 Estimated Burden: 85 minutes

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.

y mat all statements (made in this docum	ent are true an	correct to the b	est of my knowledge.
S	ection F: Signatu	re (
Anytown	Anysta	te .	USA	03-1990 to 06-2002
City	he United States, from State	birth to age 18, s	starting with your fir Country	st three, Time of Residence
(I-III III as much informati	an ac noncible Attach		needed.)	
ontany	Anylown	Anystate	USA	O8-1990 to 06-19
e centers, or developme e vou attended. List the opmental Program	ental programs you att institutions below an	ended from birth d submit docume	to age 18, inside or ents as available.	
ction D: Schools/D (Fill in as much informat	ay Care Centers/	Developmenta	Programs	en e
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	City City City City fi employment at the En Cit	City City Semployment at the time of your birth: Employer's Name: City Employer's Name: City Ci	City State City State City State City State Employer's Name: City Employer's Name: City Employer's Name: City City Contents, or developmental programs you attended from birth eyou attended. List the institutions below and submit docume openental Program City State Anytown Anystate Section E: Residences (Fill in as much information as possible. Attach a separate sheet, and any state City State Anytown Anystate Section E: Residences (Fill in as much information as possible. Attach a separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the United States, from birth to age 18, separate sheet, inside and outside of the	City State and Country State and Country If employment at the time of your birth: Employer's Name: City State and Country Employer's Name: City State and Country Anytown Anytown below and submit documents as available. Commental Program City State Country Anytown Anytown Anystate USA Section E: Residences City State and Country Anytown Anystate USA City State Country City State Country Anytown Anystate USA City State Country Anytown Anystate USA



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. 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 diver'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://iravel.state.gov/passport and click on the link to
- 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.
- 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
- 5. Fallure 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 <u>travel.state.gov</u>. In addition, contact the National Passport Information Center (NPIC) toil-free at 1-877-487-2778 (TDD 1-888-874-7793) or by e-mail at <u>NPIC@state.gov</u>. 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. 1644. 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

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, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals

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

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



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

OMB Approval No.: 1405-0216 Expiration Date: 08-31-2016 Estimated Burden: 45 minutes

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2. Date of Birth:	(roanth) (day)	- (year)	3. Social S	ecurity Number	AND THE PROPERTY OF THE PROPER	der der stemmen der depresentation in der
f. Place of Birth (City	, State/Country):	of contrasposation in the second seco	<u> </u>	me magnatas aleksang iki	 1000 for the discount of the contraction of the contracti	de de la companya de La companya de la companya del companya de la companya del companya de la companya del la companya de la
S	ection B: Informatio	on About You	ır Family	(Living and	l Decease	≥ d)
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20 08-2013						Page 2 of 3

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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.

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. 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. 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 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

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.: 1405-0215 Expiration Date: 08-31-2019 Estimated Burden: 45 minutes

			Section	ı A: Biograp	o <u>hical Inf</u>	ormation		
1. Full Name: (First, Middle, Last)								
2. Date of Birth:	(month	n)	(day)	- (year)	3. Social S	ecurity Number	: 	
4. Place of Birth (Cit	ly, State/	Country)			L			And the second s
	Section	B: Inf	ormatio	n About You	ur Family	(Living and	Deceased	0)
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Stepfather/Parent							And the second s	
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OMB CONTROL NO. 1405-0215 Expiration Date: 02-29-2024 Estimated Burden: 45 minutes

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 mall 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

- 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
- 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.
- 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
- 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. In addition, contact the National Passport Information Center (NPIC) toll-free at WARNING

The second secon 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

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

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

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 DS-5520 02-2021



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 DEPARTM

OMB CONTROL NO. 1405-0215 Expiration Date: 02-29-2024 Estimated Burden: 45 minutes

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OMB CONTROL NO. 1405-0215 Expiration Date: 02-29-2024 Estimated Burden: 45 minutes

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.

	City	State	le. Attach a separate shee ent. Temporary residence Zip Code	Country	The state of the s
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OMB CONTROL NO. 1405-0215 Expiration Date: 05-31-2024 Estimated Burden: 45 minutes

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

- 1MPORTANT DE AUTHORISME 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
- 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.
- 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 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. 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.

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

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

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 DS-5520 02-2021



OMB CONTROL NO. 1405-0215 Expiration Date: 05-31-2024 Estimated Burden: 45 minutes

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.

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