

REQUEST FOR OFFICIAL “NO-FEE” PASSPORT

PLEASE PRINT LEGIBLY

SPONSOR ONLY: Please check *Yes* if you are also requesting a Passport ☐ Yes

OFFICIAL NAME (last, first, full middle):
SSN:
DATE OF BIRTH (D/MON/Y):
PLACE OF BIRTH (CITY/STATE)
PSC ADDRESS:
RESIDENCE ADDRESS:
HOME PHONE:
POSITION TITLE:
PAY GRADE:
SCHOOL ASSIGNED:
DUTY PHONE:

FOR DEPENDENTS: Please fill out the information above also, as it is needed when requesting an Official Passport for dependents.

OFFICIAL NAME (last, first, full middle):
SSN:
DATE OF BIRTH (D/MON/Y):
PLACE OF BIRTH:

OFFICIAL NAME (last, first, full middle):
SSN:
DATE OF BIRTH (D/MON/Y):
PLACE OF BIRTH:

OFFICIAL NAME (last, first, full middle):
SSN:
DATE OF BIRTH (D/MON/Y):
PLACE OF BIRTH:

OFFICIAL NAME (last, first, full middle):
SSN:
DATE OF BIRTH (D/MON/Y):
PLACE OF BIRTH:

☐ I have attached a copy of my most recent orders to this request.

Ensure Date of Birth is written: Day/Month/Year.

Sign Date