



United States Department of State  
Bureau of Consular Affairs  
Passport Services

**Personal Identification List**

In order to help establish your identity for passport purposes, **please submit a combination of personal documents and public records that have been issued over a period of time.** Documents that include your photograph, signature and/or physical description are particularly helpful. The following items have been helpful in the past with other passport applications. However, you may submit any other document in your possession that has a **date with name/signature or name/photo** for consideration.

**RECORDS WITH PHOTOGRAPH (VALID or EXPIRED)**

- Driver's license
- School yearbook photograph with your name and photo, also with school's name and year that it was issued
- U.S. Passports
- Newspaper/Magazine articles (with your photo & name, newspaper's name & date)

**RECORDS WITH EITHER PHOTOGRAPH OR SIGNATURE (must have a date)**

- Employment identification card
- Professional license (ex. nurse, pilot, mechanic, etc)
- Federal, State or Municipal identification card
- Military identification
- Student identification card

**SIGNED IDENTIFICATION ITEMS (Should have your legal signature and date)**

- Military records such as DD-214
- Selective Service registration card
- Union membership (bearing name/signature or name/photo and issuance date)
- Medicare/health insurance card
- Welfare card
- Marriage certificates
- Medical records
- Voter's registration card
- Children's birth certificates
- Social Security card
- Traffic ticket

**If you were raised abroad you may also submit\*:**

- Original foreign school records with name, photo and date
- Original foreign passports
- Copy of foreign driver's license (valid or expired)
- Foreign government issued identification, such as voter's registration cards or national identification cards.

\*If in a language other than English, please provide an official translation.

**SUPPLEMENTAL QUESTIONNAIRE**  
**Información Suplementaria**

To better assist us in processing your application for a U.S. passport, you will need to provide the following and return it to this office (Para asistimos en el proceso de su aplicación para un pasaporte Estado Unidense, favor de proveer la siguiente información y devolverla a esta oficina).

**Please complete the following BIOGRAPHICAL STATEMENT:**

Favor de llenar el siguiente Resumen Biográfico.

**Full name:** \_\_\_\_\_

Nombre completo:

**I was baptized at (name and location of church):**

Fui bautizado(a) en (nombre y lugar de la iglesia): \_\_\_\_\_

**How old were you when you left the United States?:**

Qué edad tenía cuando salió de los Estados Unidos: \_\_\_\_\_

**Where did you live and with whom (city, country)?:**

Donde vivió y con quién (ciudad, país)?: \_\_\_\_\_

**When and how old were you when you returned to the United States?:**

Cuando y qué edad tenía cuando regreso a los Estados Unidos?: \_\_\_\_\_

**List the residences of your mother at the time of your birth:**

**Domicilio de su madre cuando nació usted:**

One year before your birth: \_\_\_\_\_

Un año antes de su nacimiento                      Street Address/ Dirección                      City/State/ Ciudad/Estado

After your birth: \_\_\_\_\_

Después de su nacimiento                      Street Address/ Dirección                      City/State/ Ciudad/Estado

**Mother's place of employment before birth:**

**Lugar de empleo de su madre antes de su nacimiento:**

Name of employer: \_\_\_\_\_

Nombre de la compañía:

Address of employer: \_\_\_\_\_

Dirección de la compañía:

Dates of employment: \_\_\_\_\_

Fechas de empleo:

**Did your mother receive pre-natal and post-natal medical care? (check one)**

**Tuvo su mamá cuidado médico pre-natal y post-natal?**

( ) No      Explain/ Explica: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( ) Yes/Si      Hospital/Hospital o clínica: \_\_\_\_\_

Name of Doctor/Nombre de doctor: \_\_\_\_\_

Address/Dirección: \_\_\_\_\_

Dates attended/Fechas de visitas: \_\_\_\_\_

**Family (Living and deceased):**

Familia (vivos o difuntos):

| <b>Relationship/<br/>Relación</b> | <b>Full Name/<br/>Nombre Completo</b> | <b>Place of Birth<br/>City &amp; State<br/>Lugar de Nacimiento<br/>Cuidad y Estado</b> | <b>Date of Birth<br/>Fecha de Nacimiento</b> | <b>Is This Family<br/>Member A US<br/>Citizen?<br/>Esta persona es<br/>ciudadano E.U.?</b> |
|-----------------------------------|---------------------------------------|--|--|--|
| <b>Example<br/>Ejemplo</b>        | <b>Example<br/>Ejemplo</b>            | <b>Example<br/>Ejemplo</b>   | <b>Example<br/>Ejemplo</b>                   | <b>Example<br/>Ejemplo</b>   |
| <b>Brother/Hermano</b>            | <i>Joe Smith</i>                      | <i>Albany, NY</i>  | <i>12/25/1980</i>                            | <b>YES</b>   |
| <b>Father/<br/>Padre</b>          |                                       |  |  |  |
| <b>Mother/<br/>Madre</b>          |                                       |  |  |  |
| <b>Spouse/<br/>Espos(a)</b>       |                                       |  |  |  |
| <b>Brother/<br/>Hermano</b>       |                                       |  |  |  |
| <b>Brother/<br/>Hermano</b>       |                                       |  |  |  |
| <b>Brother/<br/>Hermano</b>       |                                       |  |  |  |
| <b>Brother/<br/>Hermano</b>       |                                       |  |  |  |
| <b>Sister/<br/>Hermana</b>        |                                       |  |  |  |
| <b>Sister/<br/>Hermana</b>        |                                       |  |  |  |
| <b>Sister/<br/>Hermana</b>        |                                       |  |  |  |
| <b>Sister/<br/>Hermana</b>        |                                       |  |  |  |



**Employment/Empleo:**

Please list all of your **current and former** places of employment (Por favor enumere su empleo **actual y anterior**).

| Company Name<br>Nombre de la Compañía | Address<br>Dirección         | Country<br>País | Time Employed<br>Tiempo de Empleo | Supervisor<br>Supervisor | Telephone<br>Telefono |
|---------------------------------------|------------------------------|-----------------|-----------------------------------|--------------------------|-----------------------|
| <i>ABC Industries</i>                 | <i>10001 Lone Star Drive</i> | <i>USA</i>      | <i>1999-2001</i>                  | <i>John Smith</i>        | <i>(316) 555-1212</i> |
|                                       |                              |                 |                                   |                          |                       |
|                                       |                              |                 |                                   |                          |                       |
|                                       |                              |                 |                                   |                          |                       |
|                                       |                              |                 |                                   |                          |                       |
|                                       |                              |                 |                                   |                          |                       |
|                                       |                              |                 |                                   |                          |                       |

**Schools/Escuelas:**

Please complete the school information requested. It is extremely important that you list all schools that you have attended inside and outside of the United States (Favor de completar la información requerida de su escuela. Es muy importante de incluir todas las escuelas que atendido dentro y fuera de los Estados Unidos).

| Name of School/<br>(Nombre de Escuela)   | Address/<br>Dirección             | City/<br>Ciudad           | State/<br>Estado        | Country/<br>País      | What Year(s) Did You Attend This School?<br>En que año(s) atendió esta escuela? |
|--|-----------------------------------|---------------------------|-------------------------|-----------------------|---|
| Example<br><i>Sam Houston Elementary</i> | Example<br><i>800 West Elm St</i> | Example<br><i>Houston</i> | Example<br><i>Texas</i> | Example<br><i>USA</i> | <i>8/1990</i><br>To<br><i>6/1994</i>  |
|  |                                   |                           |                         |                       |   |
|  |                                   |                           |                         |                       |   |
|  |                                   |                           |                         |                       |   |
|  |                                   |                           |                         |                       |   |
|  |                                   |                           |                         |                       |   |

**References:** List the names, complete address and telephone number (with area code) of two references who have known you at least five years.

*(Referencias: Nombres y direcciones)*

| Name of Reference (Nombres) | Address and Telephone Number (Direcciones Y Numeros Telefonicos) |
|-----------------------------|--|
| 1.                          |  |
| 2.                          |  |

\_\_\_\_\_  
Signature/ Firma

\_\_\_\_\_  
Date/ Fecha