

We are the Army's home



# DS 5504 Change/Correct US Passport

We are the Army's home



### DS 5504 Change/Correct US Passport

### IMCOM



⊕ Print

Passport Fe

**Application** Western He **Travel Initia** 

We Want

U.S. Passpo

Know

More >

Travel Wa

Tunisia 01

Central Afri

01/14/2011

Niger 01/12

More >

Other Go

Websites

USA Gov Se

Departmen Security

The White H

More >

Lost or Stolen U.S. Passport



Correct or Change U.S. Passport Information



### DS 5504 Change/Correct US Passport

#### ıмсом

| • •                           |   |
|-------------------------------|---|
| Passport Card                 |   |
| Change or Correct<br>Passport | b |
| Lost or Stolen Passports      |   |
| FAQs                          |   |
| Contact Us                    | b |
| Policy and<br>Announcements   | b |
| About Our Office              |   |

#### SUBMIT FORM DS-5504 IF:

- · You need to change your name in your valid U.S. passport
- You need to **extend** the validity of a **limited passport** (if eligible)
- You need to correct a printing error in your valid U.S. passport



If your U.S. passport was issued **more** than one year ago, you **may not** be eligible to use Form DS-5504. See Correcting or Changing Information in Your U.S. Passport for more information.

#### STEPS TO SUBMITTING FORM DS-5504:

Read and understand **Steps 1-3 before** leaving this page. There is **no fee** when submitting Form DS-5504 using Routine Processing. **Printing errors (typos)** will be corrected at **any time** while the passport is **valid** for no fee using Form DS-5504.

#### STEP 1: Complete and Print Form

Enter your information online and print Form DS-5504. Print the completed form using black ink on one-sided pages. **Print a blank Form DS-5504 and complete by hand.** Print the form on one-sided pages and

Choose Complete Online & Print.

Complete Online & Print





#### Application for U.S. Passport

Before you may enter your personal information to get a passport, you must review the Department of State's <u>Privacy and Computer Fraud and Abuse Acts Notice</u>
and <u>Disclaimers</u>.

This link opens a new page. Once you have read the notice and disclaimer, close that window and click on the box below to indicate you have read them.

Check the box

To report technical problem with this web site, please email us at <a href="mailto:passportweb@state.gov">passportweb@state.gov</a>

Choose Submit aged by the Bureau of Consular Affairs, U.S. Department of State. ther Internet sites should not be construed as an endorsement of the views contained therein. Copyright Information Disclaimers





- Apply for a passport for the first time
- Apply for a passport book, card, or both
- · Renew an expired passport
- Update or correct passport information
- Replace a damaged or limited validity passport

- Add blank visa pages to frequently used passports
- Add blank visa pages when traveling to countries that require several blank pages
- Submit online a lost or stolen report for adults
- Fill out and print a lost or stolen report for minors

 Check the status of a recently submitted passport application

Select "Submit" under Apply Online

Submit



#### About You Middle Name: First Name: \* JOHN Suffix: Last Name: \* **DO NOT** use "MR", "MRS", "MS" PUBLIC or "MISS" in this entry. Date Of Birth: \* ? City Of Birth: \* ② KNOXVILLE 01/02/1971 Country Of Birth: \* ② State Of Birth: \* UNITED STATES TN - TENNESSEE Social Security Number: \* 000-00-0000 Height: 🛊 If employed, you Gender: \* If employed, you Male Fe must enter your must enter your actual duty title. actual employer. Hair Color: \* Eye Color: \* Brown Blue Your Employer: 3 Your Occupation: Otherwise, enter "Student", US ARMY TRANSPORTATION COC "Unemployed", etc. Otherwise, enter "Child", "Spouse", etc. Next >> Previous



**IMCOM** 

### DS 5504 CHANGE/CORRECT US PASSPORT

#### **Contact Information**

#### **TOURIST PASSPORTS ONLY**

Where should the passport lemane.

| Street Address/RFD#, P.O. Box, or URB: *  HHC USAG-H UNIT # 15228  Street Address 2 (apartment, company, suite, unit, building or floor | or if applicable): ①        | TOURIST PASSPORTS: ENTER YOUR LOCAL APO MAILING ADDRESS |
|---|-----------------------------|---|
| BOX #999  |                             |   |
| City: * APO   | Country: ★ UNITED STATES  ▼ |   |
|   | UNITED STATES               |   |
| State: <b>*</b> AP - AF PACIFIC ▼   | Zip Code: <b>*</b><br>96271 | TYPE IN AP FOR THE STATE                                |
| In Care Of (e.g. In Care Of – Jane Doe): ①  |                             |   |
| Is This Your Permanent Address? * ①   |                             |   |
| ○ Yes  ○ No   |                             |   |



### DS 5504 CHANGE/CORRECT US Passport



the as



#### OFFICIAL/NO FEE PASSPORTS ONLY

#### Contact Information

| Where should the passport be ma  Street Address/RFD#, P.O. Box, or URB: * PASSPORT SECTION BUILDING 544 ROOM | TYPE IN: PASSPORT SECTION BUILDING 544 |   |
|--|--|---|
| PASSPORT SECTION BUILDING 544 ROOM   | ROOM 11                                | FOR OFFICIAL /NO FFF                        |
| Street Address 2 (apartment, company, suite, unit, building o  | or floor if applicable): 💿             | FOR OFFICIAL/NO FEE PASSPORTS YOU MUST ENTE |
| CAMP HUMPHREYS – US ARMY GARRISON  City: *   | Country: *                             | THE FEDEX COMMERCIAL ADDRESS AS SHOWN.      |
| PYEONGTAEK CITY  | KOREA -                                |   |
| State: *   | Zip Code: *                            |   |
| State Not Required ▼   | 451-713                                |   |
| In Care Of (e.g. In Care Of – Jane Doe): ①   |  | <b>DO NOT</b> select above address          |
| Is This Your Permanent Address? * ①  No  |  | your permane address.                       |

Please Enter your Permanent Address below:



### Please Enter your Permanent Address below: Apt./Suite: Street Address/RFD#: \* 124 RIDGERUNNER ROAD Street Address 2: City: \* KNOXVILLE Country: \* UNITED STATES

Zip Code: \*

00000

State: \*

TN - TENNESSEE

Your permanent address

CANNOT be an APO or PO Box address, THE ADDRESS MUST BE A PHYSICAL RESIDENTIAL ADDRESS.

The State Department recommends you list a permanent address in the United States, and if none, then list a permanent address for your closest living relative.



### DS 5504 Change/Correct US Passport

#### IMCOM

#### Your Email Address

Email Address: ②



#### Your Phone Number @

Phone Number

Type:

(no dashes):

01182279188111

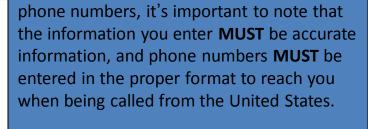
Home

011825057388111

Work

0118210738811

Cell



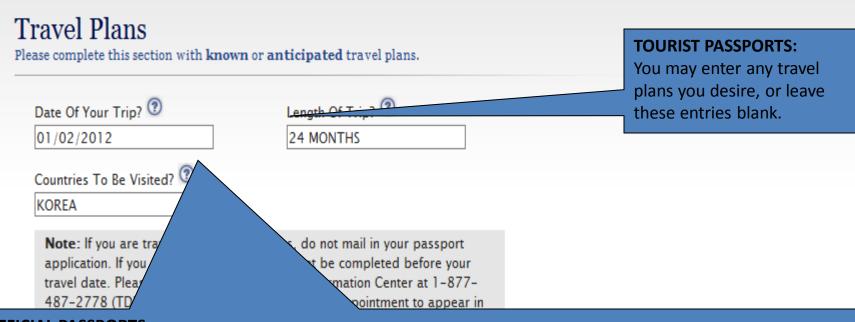
When entering your e-mail address and

If there are problems with your application, or additional information needed, and the State Department is unable to make contact directly with you based on the information provided, your application will be placed on hold while contact is made by regular mail.



Remove

Remove



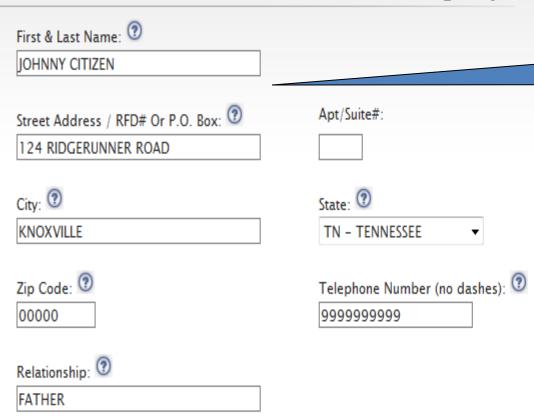
#### **OFFICIAL PASSPORTS:**

If your application is based on your assignment to Korea, **enter the current date (or next allowable date)**, enter the number of months remaining on your tour in Korea, and enter "Korea" as the country to be visited.

If application based on a PCS assignment to another foreign country, enter the date you are departing Korea, the number of months of your tour at your new assignment, and the country.

**If Active Duty Military**, you can only obtain an official passport based on assignment/TDY to a country requiring the use of an official passport (as defined in the Foreign Clearance Guide). You must list the specific countries your duties will take you to. In addition, you must provide a memo from your organization, signed by someone with authority, specifically listing those exact same countries.

#### Who should we contact in case of an emergency?



The State Department recommends you **DO NOT** list someone who is traveling with you.

#### Your Most Recent Passport

| lave you been issued any   | of the following? *  |      |
|--|--|------|
|  | ssport Card  | None |
| Passport Book  |  |      |
| Do you still have the boo  | ok in your possession? *   |      |
| Yes  | No, it was Lost  |      |
| NOTE! By selecting Yes<br>you will be required to<br>submit your book with | <ul><li>No, it has been Stolen</li><li>No, it was Damaged or Mutilated</li></ul> |      |
| your application.  | Other  |      |
|  |  |      |
| Your name as listed on y   | your most recent book:   |      |
| JOHN   |  |      |
| Last Name:   |  |      |
| PUBLIC   |  |      |
| Book number:   |  |      |
| 99999999   |  |      |
|  |  |      |

#### Your Most Recent Passport

| Was the data printed correct  No, it was printed incorre  Yes, it was printed correct | Select which applies to the reason you are requiring a change or correction to |                |
|---|--|----------------|
| Please select the item(s) th  | at are printed incorrectly   | your passport. |
| Last Name   | First Name   |                |
| Middle Name   | Place of Birth   |                |
| ✓ Date of Birth   | Gender   |                |
|   |  |                |

Has your name changed since your most recent document was issued? \*

- Yes, it has changed since I got my passport book
- No, it has not changed since I was issued a document

Previous

Next >>



| Are you known by other names?      |   |  |  |  |  |  |  |  |  |
|------------------------------------|---|--|--|--|--|--|--|--|--|
| Other Names ②                      |   |  |  |  |  |  |  |  |  |
| Other First Name: Other Last Name: | Don't forget to enter "maiden" name, if applicable. |  |  |  |  |  |  |  |  |
| Add Another Name                   | <pre> </pre> <pre></pre>                            |  |  |  |  |  |  |  |  |

To report technical problems with this web site, please email us at <a href="mailto:passportweb@state.gov">passportweb@state.gov</a>







? Need help with this Site?

#### Passport Application Review

Review the data below and make edits if needed

Name Provided: JOHN Q PUBLIC

Date Of Birth: 01/02/1971

Place Of Birth: KNOXVILLE, TN

Social Security Number: 000-00-0000

Sex: Male

Height: 5FT. 8IN.

Hair Color: Brown

Eve Color: Blue

Occupation: TRANSPORTATION COORDINATOR

Employer: US ARMY

Mailing Street Address: PASSPORT SECTION BUILDING 544

ROOM 11

Mailing Street Address 2: CAMP HUMPHREYS - US ARMY

GARRISON

City: PYEONGTAEK CITY

Country: KOR

State:

Zip Code: 451-713

In Care Of:

Edit

**Edit** 

Review and edit all fields as necessary.

Permanent Address Same As **No** 

Mailing Address?:

Permanent Street Address: 124 RIDGERUNNER ROAD

Apartment Number: Permanent Street Address 2:

City: KNOXVILLE

Country: USA State: TN

Zip Code: 00000

Email Address: JOHN.PUBLIC@US.ARMY.MIL

Home Phone: 01182279188111

Work Phone: 011825057388111

Cell Phone: 0118210738811

Date Of Trip: 01/02/2012

Length Of Trip: 24 MONTHS

Countries To Be Visited: KOREA

Emergency Contact: JOHNNY CITIZEN

Relationship: FATHER

Street Address: 124 RIDGERUNNER ROAD

Apartment Number:

City: KNOXVILLE

State: TN

Zip Code: 00000

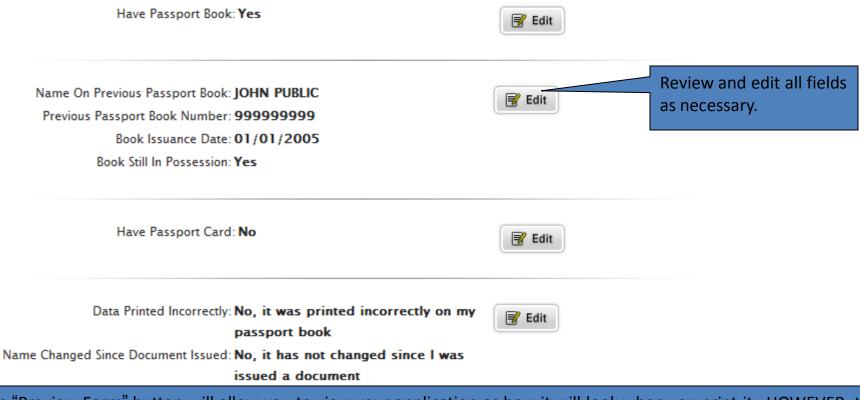
Contact Phone: 9999999999

Review and edit all fields as necessary.

Edit

📝 Edit

📝 Edit



The "Preview Form" button will allow you to view your application as how it will look when you print it. HOWEVER, this button is **NOT** to be used to save your application, as it will not allow you to print the document. You must continue through the remaining menus in order to view and print your application.





#### Summary of Passport Fees

#### Travel Document For JOHN PUBLIC Select Passport Book Passport Book Fee (FREE): (?) Free Passport Card Fee (\$30): 🔞 Passport Book Delivery Options 🔞 **TOURIST PASSPORTS SUBMITTED FROM** Priority Mail (FREE): **KOREA CANNOT BE** Overnight (\$12.72): **OVERNIGHT OR** Additional Options **EXPEDITE** Total Cost For JOHN PUBLIC: \$0.00

**KEEP SELECTING NEXT** 





<sup>\*</sup>No Passport Fee Exceptions: If you are eligible for a no fee passport, please contact your agency or military branch travel coordinator.



### DS 5504 Change/Correct US Passport

#### Next Steps

After reading and acknowledging your understanding of the instructions, you will be ready to generate your Passport Application form(s).



**Print** Your Application(s).

#### Be sure to SIGN & DATE your bo

Data Correction, and Limited Passport Book Replacement)



Click Here to view Printing

**DO NOT SIGN & DATE YOU** APPLICATION.

If submitting your application through **Transportation Division** Passport Office, you must sign and date your application in front of an acceptance agent.

Scroll to the very bottom of this page to save and/or print out your application. As each application is unique, our website provides detailed guidance as to what documentation is required in support of your application.

How to Submit Your A

Mail your DS-5504 applic

National Passp **Processing Center** 

Post Office Box 90107 Philadelphia, PA 19190-0107 an appointment to apply at a Passport Agency by

ling within 2 weeks, you can make

contacting the National Passport Information Center tollfree at 1-877-487-2778 (TDD: 1-888-874-7793). The automated appointment system is available 24/7.

55:





#### What to Submit With Your Application(s)



Two Recent Passport Photos

Click here to view details on submitting a passport photo



Correct Passport Fees

There is no charge for this service.

See the <u>Passport Fees</u> for more information.



Most Recent U.S. Passport Book

Click to Box

I have read and acknowledge the steps and information contained above.

#### 1. Create Form

This will generate your passport application(s) form as a pdf file. Review the .pdf file for accuracy and completeness. When finished, print this form.

Create Form

\* Adobe Acrobat is required

#### 2. Start New Application

This will return you to the beginning of the Wizard so you may care

form before proceeding.

Start New Application

Click on "Create Form".
This will produce a PDF
(non-editable)
application which you
can save to your
computer and/or print.



**IMCOM** 

### DS 5504 Change/Correct US Passport

The passport application contains a total of 6





pages. The first 4 pages are instructions. When submitting your application, you only need to

|   | 4           | 1   |  | NAI   | print  | t the last t   | two r                                 | pages.  |          | REPLACEME          | EXPIN         | RATION DATE<br>MATED BURD | E: 12-31-2013<br>DEN: 30 MIN |
|---|-------------|---|--|---|--|--|---------------------------------------|---|----------|--------------------|---------------|---------------------------|------------------------------|
|   |             | The U<br>Note: The 52 p<br>for applicants v | Pleas  J.S. Pass  J.S. passport of  Z 28 Page  page option is  who have prev | se select the doo<br>sport Book<br>card is <u>not</u> valid for int<br>e Book (Standard | WARNING on pa<br>cument(s) for w<br>U.S. Pa<br>ternational air travel. Fi<br>d) 52 F<br>ntly travel abroad durin<br>ddition of visa pages. | vhich you are<br>assport Cal<br>For more information<br>Page Book (N | e appli<br>Ird<br>ion see p<br>Non-St | ying: Both page 1 of instructions.              |          |                    |               |                           |                              |
|   |             | 1. Name PUBLI First JOHN                    | IC   |   |  |  |                                       | rrectly complete<br>e in the upper l<br>this sp | left co  | plication wi       | ne incorre    | a bar<br>ectly,           |                              |
|   |             | 01<br>5. Social                             | Security N   | 1971<br>Number<br>0000  | JOHN   | Address (e.g.  | ı. my_ε                               | E, TENNESSI<br>email@domain.com)<br>@US.ARMY.M  |          | 7. Primary Co      | ontact Phon   | ne Numbe                  | er<br>88111                  |
|   | _           |   |  | eet/RFD#, P.O. B  |  | 2144   |                                       |   |          |                    |               |                           |                              |
| , | Address Li  | ine 2: Clear                                | rly label Ap   | partment, Compa   | NG 544 RO<br>any, Suite, Unit, E<br>AY GARRIS  | Building, Floo   | or, In C                              | Care Of or Attention if                         | f applic | able. (e.g. In C   | are Of - Jan  | ie Doe, Ap                | ot # 100)                    |
|   | City        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     | ,  | ,   |  | State  | Zip                                   | Code  | C        | Country, if outsic | de the Uniter | d States                  |                              |
|   | PYEO        | NGTAE                                       | K CITY   | <i>'</i>  |  |  | 4                                     | 51-713  |          | KOREA              |               |                           |                              |
| 3 | 9. List all | other name                                  | s you hav  | e used. (Examp  | les: Birth Name,   | Maiden, Pre  | evious I<br>B.                        | Marriage, Legal Nam                             | ne Cha   | nge. Attach ad     | ditional pag  | es if needd               | ed.)                         |

## DS 5504 Change/Correct US Passport

| STAPLE  | 1  | 7TS                     | 10. Passpo<br>Your name                        |                           |  |  |  |                             | nd/or passp                | oort card  |        |
|---|--|-------------------------|--|---------------------------|--|--|--|-----------------------------|----------------------------|--|--------|
|   | £  |                         | JOHN (   | Q PUE                     | BLIC                                     |  |  |                             |                            |  |        |
| × 2"  | 13/  | 2 <u>"</u> ×            | Most recent                                    | t passport                | t book nur                               | mber                                   |  |                             |                            | Book Issue Date (mm/dd/yyyy)   |        |
| 4 / ''  | 1  | 2"                      | 999999   | 999                       |  |  |  |                             |                            | 01/02/2011   | _      |
| STAPLE  | •  | STAPLE                  | Most recent                                    | t passport                | t card nun                               | nber                                   |  |                             | 7                          | Card Issue Date (mm/dd/yyyy)   |        |
| Sub   | mit a recent,<br>photographs                     |                         |  |                           |  |  |  |                             |                            |  |        |
| performed any of the application are true ar with this application is | nd correct; 3) I have n<br>a genuine, current ph | ot knowing<br>notograph | ditions" on the ply and willfull of me; and 5) | ly made fal<br>I have rea | side of thi<br>lse stateme<br>d and unde | s applica<br>ents or inc<br>erstood th | ition (unle<br>cluded fals<br>ne warning | se documents<br>on page one | s in support of the instru | t is attached); 2) the statements made or<br>of this application; 4) the photograph submuctions to the application form.  Date | ithe   |
| x   | Donati   | // C                    |  |                           |  |  |  | FOR IS                      | SUING                      | OFFICE ONLY  |        |
| Name Change   |  |                         | rdian's Signat<br>n: LName                     |                           | MName                                    | DOB                                    | Sex P                                    | OB Other                    |                            |  | $\neg$ |
| From:   |  |                         |  |                           |  |  |  | _                           | <br>                       |  |        |
| То:   |  |                         |  |                           |  |  |  | _                           |                            |  |        |
| BC Nat/Citz Cer   | t Report of Birth                                | Prev P                  | PT MC  | Adoptio                   | on C/O                                   | NC C/O                                 | PIERS                                    | Other                       |                            |  |        |
| Filed/Issued/Place:   |  |                         |  |                           | Doc #:                                   |  |  |                             |                            |  |        |
| Other:  |  |                         |  |                           |  |  |  |                             |                            |  |        |
| Attached:   |  |                         |  |                           |  |  |  |                             |                            |  |        |
| EF  | Postage  |                         |  | Other                     |  |  |  |                             |                            | * DS 5504 B 12 2010 1 *  |        |

DS-5504 12-2010 Page 1 of 2



| Name of App   | licant // ast | , First & Middle)                            |              |              |                  |                          |                           |          |         | Date of Riv | rth (n       | nm/dd/yyyy)     |
|---|---------------|--|--------------|--------------|------------------|--------------------------|---------------------------|----------|---------|-------------|--------------|-----------------|
|   | •             | •  |              |              |                  |                          |                           |          |         |             | •            |                 |
| PUBLIC,   | JOHN          | ر<br>س                                       |              |              |                  |                          |                           |          |         | 01/02/      | 197          | 1               |
| 11. Height  | 12. Hair Co   | olor   | 13. Eye C    | olor         |                  | 14. Occupation           | on (if age 16 or older)   |          | 15. Emp | loyer or So | chool        | (if applicable) |
| 5ft. 8in.   | Brown         |  | Blue         |              |                  | TRANSPOR                 | TATION COORDINATO         | OR       | US A    | RMY         |              |                 |
| 16. Additiona   | I Contact P   | hone Numbers                                 |              |              |                  |                          |                           |          |         |             |              |                 |
| 011-825-  | 057388        | 111  | X            | Home<br>Work | Cell             |                          |                           |          |         |             | lome<br>Vork | Cell            |
| 17. Permaner<br>Street/RFD # 0  |               |  | sted under l | Mailing      | Address <u>o</u> | <u>r</u> if residence is | different from Mailing Ad | ddress.  |         | A           | partme       | ent/Unit        |
| 124 RID0  | <b>GERUNI</b> | NER ROAD                                     | )            |              |                  |                          |                           |          |         |             |              |                 |
| City  |               |  |              |              |                  |                          |                           | State    |         | Zip Code    |              |                 |
| KNOXVII   | LLE           |  |              |              |                  |                          |                           | TN       |         | 00000       | ס            |                 |
| 18. Emergend  | cy Contact    | - Provide the in                             | formation o  | f a per      | son not tra      | veling with you          | to be contacted in the ev | ent of a | an emer | gency.      |              |                 |
| Name  |               |  |              |              | Address: \$      | Street/RFD # or          | P.O. Box                  |          |         |             | Apa          | rtment/Unit     |
| JOHNNY  | CITIZE        | N  |              |              | 124 R            | IDGERUN                  | NER ROAD                  |          |         |             |              |                 |
| City  |               |  |              | State        | Zip Cod          | e                        | Phone Number              |          | Relati  | onship      |              |                 |
| KNOXVII   | LLE           |  |              | TN           | 0000             | 0                        | 999-999-9999              |          | FA      | THER        |              |                 |
| 19. Travel Pla  | ins           |  |              |              |                  |                          |                           |          |         |             |              |                 |
| Date of Trip (n   | mm/dd/yyyy)   | Duration of Tri                              | р            | C            | Countries to     | be visited               |                           |          |         |             |              |                 |
| 01/02/20  | 12            | 24 MON                                       | THS          |              | KOREA            | ١                        |                           |          |         |             |              |                 |
| Please complete the following questions regarding your current passport book and/or passport card |               |  |              |              |                  |                          |                           |          |         |             |              |                 |
|   | _             | ed by marriage<br>port book or pa<br>issued? |              | Curi         | rent Name        | Last                     |                           |          |         |             |              |                 |
|   | Yes           | × No   |              |              |                  |                          |                           |          |         |             |              |                 |



| Has your name changed by marriage or court order since your passport book or passport  | Current Name Last  |                   |  |  |  |  |  |  |  |
|--|--|-------------------|--|--|--|--|--|--|--|
| card was issued?   |  |                   |  |  |  |  |  |  |  |
| Yes X No   |  |                   |  |  |  |  |  |  |  |
|  | First  | Midd              | le   |  |  |  |  |  |  |
| If yes, please complete this section with your current information.  |  | _                 |  |  |  |  |  |  |  |
| Please submit evidence documenting your nan  | our submitted passport book and/or pas<br>ne change (such as a certified marriage cer<br>g with this completed form to the address lis | tificate or court | order) and your current passport book  |  |  |  |  |  |  |
| and/or passport card, along  | g with this completed form to the address is   | sted on page 2    | or the instructions.   |  |  |  |  |  |  |
| Was your identifying information printed   | Name Last  | Name Last         |  |  |  |  |  |  |  |
| incorrectly in your passport book or passport card?  |  |                   |  |  |  |  |  |  |  |
| Yes X No   | First Middle   |                   |  |  |  |  |  |  |  |
|  |  |                   |  |  |  |  |  |  |  |
| If yes, please complete the information as it should appear, and check only the box(s) next to the   |  | _                 |  |  |  |  |  |  |  |
| field(s) to be corrected.  | Date of Birth (mm/dd/yyyy)   | Sex               | Place of Birth (State or Country)  |  |  |  |  |  |  |
| ` '  |  | M                 |  |  |  |  |  |  |  |
| Please submit evidence documenting your correct identifying information (such as a certified marriage certificate or birth certificate) and your current passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions. |  |                   |  |  |  |  |  |  |  |
| Was your most recent passport limited for one year or less?  |  | •                 | eplacement your submitted passport book<br>validity because of multiple losses canno |  |  |  |  |  |  |
| X Yes No If yes, please submit evidence of your United States citizenship and/or evidence of your identity.  | Please be sure to enclose your plisted on page 2 of the instruction  |                   | along with this application to the address   |  |  |  |  |  |  |
| chizenship and/or evidence or your identity.   |  |                   |  |  |  |  |  |  |  |

DS-5504 12-2010 Page 2 of 2

\* DS5504 B 12 2010 2 \*



SOLDIERS • FAMILIES • CIVILIANS