Form DS-5504
Application for a U.S. Passport Correction or Limited Validity Replacement

1. Applicant Information

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth (MM/DD/YYYY): _____

Gender: ◯ Male ◯ Female

Place of Birth: _____

2. Contact Information

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email: _____

3. Information on Most Recent U.S. Passport

Passport Book Number: _____

Date of Issue (MM/DD/YYYY): _____

Expiration Date (MM/DD/YYYY): _____

4. Reason for Applying

☐ Name Change
☐ Data Correction
☐ Replacement for Limited Validity

If other, explain:

_____

5. Signature and Date

Signature: _____

Date: _____

Submit Application