



U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS

OMB CONTROL NO. 1405-0020
OMB EXPIRATION DATE: 09-30-2019
ESTIMATED BURDEN: 40 MIN

Please Print Legibly Using Black Ink Only

Attention: Read WARNING on page 1 of instructions

Please select the document(s) for which you are applying:

☒ U.S. Passport Book ☐ U.S. Passport Card ☐ Both

The U.S. passport card is **not** valid for international air travel. For more information see page 1 of instructions.

☒ Regular Book (Standard) ☐ Large Book (Non-Standard)

Note: The large book option is for those who frequently travel abroad during the passport validity period, and is recommended for applicants who have previously required the addition of visa pages.

1. Name Last

SIMON

First

CLAUDE

Middle

ANTHONY CLAIREAUX

2. Date of Birth (mm/dd/yyyy)

03/05/1956

3. Sex

M

F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.)

NEW YORK, NEW YORK

5. Social Security Number

106501158

6. Email (Info alerts offered at travel.state.gov)

csimon

7. Primary Contact Phone Number

@fairlane.biz 912 441 0062

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

71 TONJES ROAD

Address Line 2: Clearly label Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g., In Care Of - Jane Doe, Apt # 100)

City

CALICOON

State

NY

Zip Code

12723

Country, if outside the United States

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A.

B.

10. Passport Book and/or Passport Card Information

Your name as printed on your most recent U.S. passport book and/or passport card

CLAUDE ANTHONY CLAIREAUX SIMON

Most recent passport book number

461376882

Issue date (mm/dd/yyyy)

10/14/2009

Most recent passport card number

Issue date (mm/dd/yyyy)

11. Name Change Information Complete if name is different than last U.S. passport book or passport card

☐ Changed by Marriage

Place of Name Change (City/State)

Date (mm/dd/yyyy)

☐ Changed by Court Order

Please submit a certified copy. (Photocopies are not accepted!)

CONTINUE TO PAGE 2

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.

x

Claude Simon

Applicant's Legal Signature

6-13-2019

Date

FOR ISSUING OFFICE ONLY

☐ PPT BK C/R ☐ PPT BK S/R ☐ PPT CD C/R ☐ PPT CD S/R

☐ Marriage Certificate

Date of Marriage/Place Issued:

☐ Court Order

Date Filed/Court:

From

To:

☐ Other:

☐ Attached:

For Issuing Office Only → Bk Fee Cd Fee EF Postage Other



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Name of Applicant (Last, First & Middle)

Date of Birth (mm/dd/yyyy)

CLAUDE SIMON, CLAUDE ANTHONY CLAIREFAUX

03/05/1956

12. Height

13. Hair Color

14. Eye Color

15. Occupation

16. Employer or School (if applicable)

6'2"

BROWN

BLUE

TEXTILES

VERATEX, INC.

17. Additional Contact Phone Numbers

212-683-9300

Home

Cell

☒ Work

Home

Cell

☐ Work18. Permanent Address: If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.

Street/RFD # or URB (No P.O. Box)

Apartment/Unit

71 TONJES ROAD

City

State

Zip Code

CALLICOON

NY

12723

19. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.

Name

Address: Street/RFD # or P.O. Box

Apartment/Unit

John C Simon

409 CAMBRIDGE COURT

City

State

Zip Code

Phone Number

Relationship

Glen Cove

NY

11542

516 7595182

brother

20. Travel Plans

Departure Date (mm/dd/yyyy)

Return Date (mm/dd/yyyy)

Countries to be visited

08/01/2019

08/20/2019

CANADA

**STOP! YOU HAVE COMPLETED YOUR APPLICATION
BE SURE TO SIGN AND DATE PAGE ONE**

WHERE DO I MAIL THIS APPLICATION?

If applying in the United States or Canada:

FOR ROUTINE SERVICE (If you live in CA, FL, IL, MN, NY, or TX):

National Passport Processing Center
P.O. Box 640155
Irving, TX 75064-0155

FOR ROUTINE SERVICE (If you live in any other state or Canada):

National Passport Processing Center
P.O. Box 90155
Philadelphia, PA 19190-0155

FOR EXPEDITED SERVICE (Additional Fee, any state or Canada):

National Passport Processing Center
P.O. Box 90955
Philadelphia, PA 19190-0955

Because of the sensitivity of the enclosed documents, Passport Services recommends using trackable mailing service when submitting your application.

If applying outside the United States or Canada:

United States citizens residing outside the U.S. or Canada **CANNOT** submit this form to domestic addresses listed above. Such applicants should visit www.usembassy.gov to find the nearest U.S. Embassy or Consulate for procedures for applying outside the United States.



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