

CAMP FOSTER PASSPORT OFFICE - PASSPORT APPLICANT INFORMATION

TYPE OF PASSPORT:	TOURIST	OFFICIAL	DIPLOMATIC		
REQUEST:	INITIAL	RENEWAL	NAME CHANGE		
APPLICANT NAME:	<i>LAST</i>	<i>FIRST</i>	<i>MI</i>	<i>LAST 4</i>	
BRANCH OF SERVICE:	USMC	USN	USAF	USA	OTHER
STATUS:	ACTIVE DUTY		DEPENDENT		
	CIV-GOV EMPLOYEE		CIV-CONTRACTOR		
DATE OF BIRTH:					
EMAIL ADDRESS (PRIMARY):					
EMAIL ADDRESS (SECONDARY):					
HOME PHONE:			WORK PHONE:		
MAILING ADDRESS:					
SPONSOR'S RANK/NAME/SSN:	<i>RANK</i>	<i>LAST</i>	<i>FIRST</i>	<i>MI</i>	<i>SSN</i>
COMMAND/UNIT/SECTION:					

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I HAVE BEEN INFORMED OF THE FOLLOWING:

1. That my documents should be ready for pick-up when I receive an email notification from the Camp Foster Passport Office. The estimated processing time: _____ - _____ weeks.
2. That I have 90 days to collect my passport from the initial contact by the Camp Foster Passport Office. If my passport is not collected within 90 days, I am aware that it will be returned to the issuing agency and I will have to reapply.

Applicant signature: _____

Date of Application (DD/MMM/YY): _____

PASSPORT AGENT USE ONLY

AGENT CODE _____

Documents submitted:

Birth Certificate

Marriage Certificate

US Naturalization Certificate

Passport

Other: _____

CAMP FOSTER PASSPORT APPLICATION RECEIPT

APPLICANT NAME: _____

DATE SUBMITTED: _____

ESTIMATED PROCESSING TIME: _____ - _____ WEEKS

AGENT: _____

EMail: ipac_campfoster_passport@usmc.mil (Questions or Appointment's)

Phone: 645-9842/47/48
