57 Westchester Dr, London, ON, N6G 2K6

Fax: 416-640-2650 **Phone**: 1-866-760-2623

Email: info@immigroup.com

# U.S. PASSPORT RENEWAL FROM CANADA BY MAIL

IMMIGROUP ORDER FORM

# INSTRUCTIONS

Read all instructions and follow carefully

1. Please complete the order form and application forms included herein. Make sure to include your telephone number and email address where you can be contacted.

2. Fax or scan and email all forms and documents in the document checklist to our office for review at 416-640-2650 or info@immigroup.com

3. You will be contacted within 1 - 2 business days regarding your application. If you have not been contacted after 2 business days, please contact our office at 1-866-760-2623 to confirm we have received your order.

4. After we have reviewed your forms and documents, we will advise you to send the original forms and copies of documents to our office.

5. Your passport will be mailed to you at your address in Canada.

## **ATTENTION** Only complete this form if:

- you are 18 years of age or older;
- your most recent passport was issued when you were at least 16 years old;
- your most recent passport has been expired less than 5 years
- the recent passport was issued less than 15 years ago

- your most recent passport was issued for the full validity period (5 or 10 years);

- you can submit your most recent passport with your application; - you are not requesting any change to the data in your passport, accept for a name change, supported by an original document.

## FEES AND PROCESSING TIMES

### **U.S. Passport through descent service**

- Full rights of a U.S. national
- Second passport is the best insurance • 10% discount when you send in two
- applications

#### Do you still not have a Canadian Passport? Let us help you get your Right of Citizenship

• You can lose your PR but can't

lose your Citizenship

- No more PR card renewals
- 10% discount when you send
- in two applications

\$385 USD

\$225 IMMIgroup service fee \$40 courier fee \$110 passport fee \$10 money order fee

Get the passport card as well for an additional \$30

Average processing time is 4-6 weeks, subject to change without notice.

#### CONTACT INFORMATION DISCLAIMER Applicant must sign below Email Address: \* By signing below I assert that I have read and agreed to the terms and conditions as listed Phone Number: on https://www.immigroup.com/terms-conditions and agree to the following conditions: \* Immigroup Inc is not responsible for applications that are rejected. CREDIT CARD INFORMATION \* All fees are non-refundable once applications are submitted to the government. We accept Visa, Mastercard, American Express, bank drafts, and bank transfers \* I agree to being charged the total fees corresponding with my required service Cardholder Name: \* I assert that I am applying for my documents using Immigroup as my representative Card Number: \* Government fees can be higher than stated on this application CVV Code: Expiry Date (mm/yy) I agree to pay these charges SIGN HERE: Cardholder Signature:

IMMIGROUP ORDER FORM
COMPLETED DS-82 (Duly completed and signed)
ORIGINAL MOST RECENT PASSPORT BOOK OR CARD
2 U.S. PASSPORT PHOTOS
<b>CERTIFIED COPY OF NAME CHANGE</b> (if applicable)

EXPEDITED/LOST

expedite the process

3 weeks instead of 6

to get your passport in

Average processing time is 3

weeks, subject to change

without notice

Add \$175 USD to

DOCUMENT CHECKLIST

PASSPORT RENEWAL

Including:

U.S. PASSPOI					DIVIDUAL	OND LAF INATION	DATE: 09-30-20
Atten	tion: Read WARNING on	Print Legibly U		Only		ESTIMATED BURD	EN: 40 MIN
	lect the document(s) for			$\left( \right)$			
U.S. Passport	Book U.S. P	assport Card	Both	1			
Regular Bool	not valid for international air trave k (Standard)	arge Book (Non-	Standard)	ctions.			
Note: The large book option is for recommended for applicants who has a second	hose who frequently travel abroad ave previously required the addition	during the passport v on of visa pages.	validity period, and is				
1. Name Last						<u> </u>	
						DP DOTS Code	<u>}</u>
First			Middle	En	d. #	Exp	
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2. Date of Birth (mm/dd/	<i>уууу)</i> 3. Sex М F	4. Place of B	sirth (City & Sta	te if in the U.S	., or City & Cou	untry as it is present	tly known.)
	NI F						
5. Social Security Numb	er 6. Email	l (Info alerts offer	ed at <u>travel.sta</u>	te. <u>gov</u> )	7. Primary (	Contact Phone Nu	mber
			@				
			<u>س</u>				
ailing Address: Line 1: Street/RF	D#, P.O. Box, or UKB.						
ess Line 2: Clearly label Apartme	ent, Company, Suite, Unit,	, Building, Floor,	In Care Of or At	tention if appli	cable. ( <i>e.g., In</i>	Care Of - Jane Doe	ə, Apt # 100)
		State	Zip Code		Country, if ou	Itside the United Sta	ates
			Lip Couc		oound y, ea		
t all other names you have use	d. (Examples: Birth Name	», Maiden, Previo	ous Marriage, Le	gal Name Cha	ange. Attach a	dditional pages if n	eeded)
			В.				
	10. Passport Boo			ation			
	Your name as prin				nd/or passport of	card	
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	➤ Most recent passp	ort card number			Iss	ue date (mm/dd/yyy	Y)
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	Changed by Marri	Diana af	Name Change		•	te ( <i>mm/dd/yyyy</i> )	Joirt Baila
	Changed by Cour		0	, , ,			
Attach a color photograph taken within the last six months	Changed by Cour		omit a certified cop	v (Photoconie	es are not accen	ted!)	
			•				
	MUST SIGN AND DATE	THE APPLICAT	TION IN THE DE				
slare under penalty of perjury all of the prmed any of the acts listed under "Ac							
e application are true and correct; 3) hitted with this application is a genuine	I have not knowingly and will	Ifully made false sta	atements or includ	led false docume	ents in support of	of this application; 4) th	ne photograpi
inted with this application is a genuine	, current photograph of me, a	and 5) Thave lead a		e warning on pa	ge one of the lins	inductions to the applica	
	Applicantle Land Cimpture			_		Data	
	Applicant's Legal Signature					Date	
	riage/Place Issued:						
Marriage Certificate Date of Mar	lage/1 lace issued.						
Court Order Date Filed/C	Court:			1			
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Other:							
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suing Office Only> Bk Fee	Cd Fee	EF P	ostage	Other		DS 82 C 08 2013	3 1 *

Name of Appl	l <b>icant</b> (Last, First & Mic	ldle)			Date of Birth (mm/dd/yyyy)				
12. Height	13. Hair Color	14. Eye Color	15. Occupation	16.	Employer or School (if applicable)				
17. Additiona	I Contact Phone Numb	Home Cell Work			Home Cell Work				
	nt Address: If P.O. Box or URB ( <b>No P.O. Box</b> )	is listed under Mailing Address	s <u>or</u> if residence is differe	nt from Mailing Address.	Apartment/Unit				
City				State	Zip Code				
<b>19. Emergenc</b> Name	cy Contact - Provide th	ne information of a person not tr Addres	raveling with you to be co s: Street/RFD # or P.O. E		emergency. Apartment/Unit				
City		State Zip (	Code Phor	ne Number	Relationship				
20. Travel Pla Departure Date		n Date <i>(mm/dd/yyyy)</i> Countr	ies to be visited						
STOP! YOU HAVE COMPLETED YOUR APPLICATION BE SURE TO SIGN AND DATE PAGE ONE									
WHERE DO I MAIL THIS APPLICATION?									
CA, FL, IL, I National Pa P.O. Box 64		I live in FOR ROUTINE S	e United States or Cana SERVICE (If you live in or Canada): rt Processing Center		<b>ERVICE</b> (Additional Fee, any occessing Center				
Irving, TX 7		Philadelphia, PA		Philadelphia, PA 191	90-0955 when submitting your application.				
If applying outside the United States or Canada:									
United States citizens residing outside the U.S. or Canada <b>CANNOT</b> 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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