

CHILD'S U.S. PASSPORT RENEWAL FROM CANADA BY APPOINTMENT

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 at
2558 Danforth Avenue, Suite 202, Toronto, ON M4C 1L3
5. IMMigroup will book the interview at the nearest US Embassy or Consulate.
6. Attend the appointment with, your child, and the completed passport application and supporting documentation.
7. Receive your child's new passport in the mail.

DOCUMENT CHECKLIST

- IMMIGROUP ORDER FORM**
- COMPLETED DS-11**
(Duly completed but not signed)
- ORIGINAL MOST RECENT PASSPORT BOOK OR CARD**
- 2 U.S. PASSPORT PHOTOS**
- PHOTO ID & PHOTOCOPY OF THAT ID**
- PROOF OF US CITIZENSHIP**
 - birth certificate
 - naturazliation certificate
 - citizenship certificate
- STATEMENT OF CONSENT**
- STATEMENT OF SPECIAL FAMILY CIRCUMSTANCES**
 - if applicable

FEES AND PROCESSING TIMES

REGULAR SERVICE **\$169.50 USD**
Including:
\$150 IMMigroup service fee
\$19.50 HST

EXPEDITED SERVICE **\$282.50 USD**
(3 weeks on average)
Including:
\$250 IMMigroup service fee
\$32.50 HST

All fees charged at the current exchange rate.

GOVERNMENT FEES

- Passport Book and Card: \$120 USD
- Passport Book Only: \$105 USD
- Passport Card Only: \$40 USD
- \$60 fee for all expedited applications

Passport fees payable at the US consulate by cash, money order (inUSD), or credit card (MasterCard, VISA only).

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

CONTACT INFORMATION

Email Address:

Phone Number:

CREDIT CARD INFORMATION

We accept Visa, Mastercard, American Express, bank drafts, and bank transfers

Cardholder Name:

Card Number:

Expiry Date (mm/yy) CVV Code:

I agree to pay these charges
Cardholder Signature:

DISCLAIMER

Applicant must sign below

* By signing below I assert that I have read and agreed to the terms and conditions as listed on <http://www.immigroup.com/disclaimer.php> and agree to the following conditions:

* Immigroup Inc. is not responsible for documents or passports lost by courier companies or any government office.

* If you require a phone consultation, you will be charged an additional \$169.50

* Immigroup Inc. is not responsible for applications that are rejected.

* All fees are non-refundable once applications are submitted to the government.

* I agree to being charged the total fees corresponding with my required service

* A minimum \$42.50 cancelation fee will apply to any service canceled after work has begun

SIGN HERE:

APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0004
OMB EXPIRATION DATE: 01-31-2017
ESTIMATED BURDEN: 95 MIN

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.

28 Page Book (Standard) 52 Page Book (Non-Standard)

Note: The 52 page 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

D O Dep DOTS _____
End. # _____ Exp. _____

First

Middle

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

3. Sex

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

_____ M F _____

5. Social Security Number

6. Email Address (e.g., my_email@domain.com)

7. Primary Contact Phone Number

_____ @ _____

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

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

State

Zip Code

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. _____

STOP! CONTINUE TO PAGE 2

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)

Driver's License State Issued ID Card Passport Military Other _____

Name _____

Issue Date (mm/dd/yyyy) _____ Exp. Date (mm/dd/yyyy) _____ State of Issuance _____

ID No. _____ Country of Issuance _____

Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)

Driver's License State Issued ID Card Passport Military Other _____

Name _____

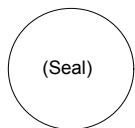
Issue Date (mm/dd/yyyy) _____ Exp. Date (mm/dd/yyyy) _____ State of Issuance _____

ID No. _____ Country of Issuance _____

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 attached to 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.

STAPLE 2" X 2" STAPLE
Attach a color photograph taken within the last six months

Acceptance Agent (Vice) Consul USA
 Passport Staff Agent



_____ Facility ID Number

Name of courier company (if applicable)

_____ Agent ID Number

Facility Name/Location

Signature of person authorized to accept applications

Date

For Issuing Office Only Bk _____ Card _____ EF _____ Postage _____ Execution _____ Other _____



* DS 11 C 09 2013 1 *

Name of Applicant (Last, First, & Middle) _____ Date of Birth (mm/dd/yyyy) _____

10. Parental Information
Mother/Father/Parent - First & Middle Name _____ Last Name (at Parent's Birth) _____

Date of Birth (mm/dd/yyyy) _____ Place of Birth _____ Sex Male Female U.S. Citizen? Yes No

Mother/Father/Parent - First & Middle Name _____ Last Name (at Parent's Birth) _____

Date of Birth (mm/dd/yyyy) _____ Place of Birth _____ Sex Male Female U.S. Citizen? Yes No

11. Have you ever been married? Yes No *If yes, complete the remaining items in #11.*

Full Name of Current Spouse or Most Recent Spouse _____ Date of Birth (mm/dd/yyyy) _____ Place of Birth _____

U.S. Citizen? Yes No Date of Marriage (mm/dd/yyyy) _____ Have you ever been widowed or divorced? Yes No Widow/Divorce Date (mm/dd/yyyy) _____

12. Additional Contact Phone Number _____ Home Cell Work **13. Occupation (if age 16 or older)** _____ **14. Employer or School (if applicable)** _____

15. Height _____ **16. Hair Color** _____ **17. Eye Color** _____ **18. Travel Plans**
Departure Date (mm/dd/yyyy) _____ Return Date (mm/dd/yyyy) _____ Countries to be Visited _____

19. 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 _____
City _____ State _____ Zip Code _____

20. 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 _____
City _____ State _____ Zip Code _____ Phone Number _____ Relationship _____

21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? Yes No *If yes, complete the remaining items in #21.*

Name as printed on your most recent passport book _____ Most recent passport book number _____ Most recent passport book issue date (mm/dd/yyyy) _____

Status of your most recent passport book: Submitting with application Stolen Lost In my possession (if expired)

Name as printed on your most recent passport card _____ Most recent passport card number _____ Most recent passport card issue date (mm/dd/yyyy) _____

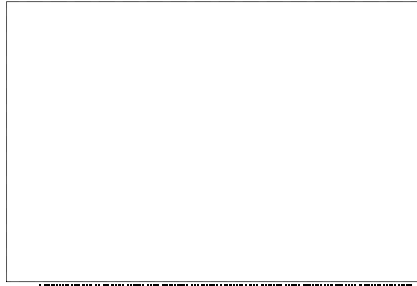
Status of your most recent passport card: Submitting with application Stolen Lost In my possession (if expired)

PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY

Name as it appears on citizenship evidence _____

- Birth Certificate SR CR City Filed: _____ Issued: _____
- Nat. / Citiz. Cert. USCIS USDC Date/Place Acquired: _____ A# _____
- Report of Birth Filed/Place: _____
- Passport C/R S/R Per PIERS #/DOI: _____
- Other: _____
- Attached: _____

- P/C of ID DS-3053 DS-64 DS-5520 DS-5513 Citiz W/S
- P/C of Citiz DS-10 DS-86 DS-71 IRL CIS Ver



**STATEMENT OF CONSENT:
ISSUANCE OF A U.S. PASSPORT TO A MINOR UNDER AGE 16**
Attention: Read **WARNING** and **FORM INSTRUCTIONS** on page 1

1. MINOR'S NAME

Last	_____	First	_____	Middle	_____
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2. MINOR'S DATE OF BIRTH (mm/dd/yyyy)

3. STATEMENT OF CONSENT To be completed by the non-applying parent or guardian using his/her information when not present at the time the applying parent or guardian submits the minor's application. **Statements expire after 90 days.**

I, _____, give my consent to the issuance of a United States passport to my minor child named on this application.

Print Name (non-applying parent)

Street Address (non-applying parent)

Apartment

City

State

Zip Code

(_____)

Area Code

Telephone Number

E-mail Address

STOP! YOU MUST SIGN THIS FORM IN FRONT OF A NOTARY.

OATH: I declare under penalty of perjury that all statements made in this supporting document are true and correct

Signature of Non-Applying Parent or Guardian

Date (mm/dd/yyyy)

NOTE: A clear photocopy of the front and back of the identification you presented to the notary is required with this form.

4. STATEMENT OF CONSENT NOTARIZATION

Name of Notary _____
Print Name (Notary Public)

Location _____
City, State

Commission Expires _____
Date (mm/dd/yyyy)

NOTARY
SEAL

Identification Presented by Non-Applying Parent or Guardian: Driver's License Passport Military ID Other (specify) _____

ID Number: _____ Place of Issue: _____

Issue Date (mm/dd/yyyy): _____ Expiration Date (mm/dd/yyyy): _____

OATH: By signing this document, I certify that I am a licensed notary under laws and regulations of the state or country for which I am performing my notarial duties, that I am not related to the above affiant, that I have personally witnessed him/her sign this document, and that I have properly verified the identity of the affiant by personally viewing the above notated identification document and the matching photocopy.

Signature of Notary _____ Date of Notarization _____
Date (mm/dd/yyyy)