

C TO BE COMPLETED BY AN APPLICANT WHO BECAME A CITIZEN THROUGH NATURALIZATION

I IMMIGRATED TO THE U.S. (Month, year)	I RESIDED CONTINUOUSLY IN THE U.S. From (Year) To (Year)	NATURALIZATION CERTIFICATE NO. <input type="checkbox"/> Submitted herewith <input type="checkbox"/> Seen and returned <input type="checkbox"/> Previously submitted
PLACE NATURALIZED (City, state)		NATURALIZATION COURT
		DATE NATURALIZED

D TO BE COMPLETED BY ALL APPLICANTS

OCCUPATION PROGRAM OFFICER, FORD FOUNDATION	VISIBLE DISTINGUISHING MARKS none
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E WOMEN MUST COMPLETE FOLLOWING IF CHILDREN OF A PREVIOUS MARRIAGE ARE INCLUDED OR IF PREVIOUSLY MARRIED BEFORE MARCH 3, 1931

I WAS PREVIOUSLY MARRIED ON	TO (Full legal name)	WHO WAS BORN AT (City, State, Country)
ON (Date of birth)	<input type="checkbox"/> FORMER HUSBAND WAS U.S. CITIZEN <input type="checkbox"/> FORMER HUSBAND WAS NOT U.S. CITIZEN	PREVIOUS MARRIAGE TERMINATED BY <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE ON (Date)

F COMPLETE IF APPLICANT OR ANY PERSON INCLUDED IN SECTION B WAS NOT BORN IN THE UNITED STATES AND CLAIMS CITIZENSHIP THROUGH PARENTS

ENTERED THE U.S. (Month) (Year) <input type="checkbox"/> Applicant <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Child	IF FATHER NATURALIZED:		IF KNOWN, FATHER'S RESIDENCE PHYSICAL PRESENCE IN U.S. From (Year) To (Year)
	Date	Certificate No.	
	Before (Name of Court)	Place (City, State)	
RESIDENCE/CONTINUOUS PHYSICAL PRESENCE IN U.S. From (Year) To (Year) <input type="checkbox"/> Applicant <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Child	IF MOTHER NATURALIZED:		IF KNOWN, MOTHER'S RESIDENCE PHYSICAL PRESENCE IN U.S. From (Year) To (Year)
	Date	Certificate No.	
	Before (Name of Court)	Place (City, State)	

G PROPOSED TRAVEL PLANS (Not Mandatory)

I INTEND TO CONTINUE TO RESIDE ABROAD FOR THE FOLLOWING PERIOD AND PURPOSE

Two years contract with Ford Foundation from January 1981 - December 1982.

I INTEND TO RETURN TO THE UNITED STATES PERMANENTLY TO RESIDE WITHIN	YEARS MONTHS	DATE OF DEPARTURE
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H PRIVACY ACT STATEMENT

The information solicited on this form is authorized by, but not limited to, those statutes codified in Titles 8, 18, and 22, United States Code, and all predecessor statutes whether or not codified, and all regulations issued pursuant to Executive Order 11295 of August 5, 1966. The primary purpose for soliciting the information is to establish citizenship, identity and entitlement to issuance of a United States Passport or related facility, and to properly administer and enforce the laws pertaining thereto.

The information is made available as a routine use on a need-to-know basis to personnel of the Department of State and other government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties; pursuant to a subpoena or court order; and, as set forth in Part 6a, Title 22, Code of Federal Regulations (See Federal Register Volume 40, pages 45755, 45756, 47419 and 47420).

Failure to provide the information requested on this form may result in the denial of a United States Passport, related document or service to the individual seeking such passport, document or service.

NOTE: The disclosure of your Social Security Number or of the identity and location of a person to be notified in the event of death or accident is entirely voluntary. However, failure to provide this information may prevent the Department of State from providing you with timely assistance or protection in the event you should encounter an emergency situation while outside the United States.

I ACTS OR CONDITIONS

(If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, or to any other person to be included in the passport, the portion which applies should be struck out, and a supplementary explanatory statement under oath (or affirmation) by the person to whom the portion is applicable should be attached and made a part of this application.)

I have not (and no other person included in this application has), since acquiring United States citizenship, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States or before a diplomatic or consular officer of the United States in a foreign state; ever sought or claimed the benefits of the nationality of any foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down or to destroy by force, the Government of the United States.

WARNING: False statements made knowingly and willfully in passport applications or in affidavits or other supporting documents submitted therewith are punishable by fine and/or imprisonment under the provisions of 18 USC 1001 and/or 18 USC 1542. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 USC 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 USC 1544. All statements and documents submitted are subject to verification.

J (FOR USE OF OFFICE TAKING APPLICATION)

APPLICANT'S IDENTIFYING DOCUMENT(S) <input type="checkbox"/> Certificate of Naturalization or Citizenship No.: <input type="checkbox"/> Passport Issue Date: <input type="checkbox"/> Driver's License Place of Issue: <input type="checkbox"/> Other (Specify): Issued in Name of:	IDENTIFYING DOCUMENT(S) OF WIFE/HUSBAND TO BE INCLUDED IN PASSPORT <input type="checkbox"/> Certificate of Naturalization or Citizenship No.: <input type="checkbox"/> Passport Issue Date: <input type="checkbox"/> Driver's License Place of Issue: <input type="checkbox"/> Other (Specify): Issued in Name of:
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UNITED STATES DEPARTMENT OF STATE
APPLICATION FOR PASSPORT BY MAIL

0 D C N 0050

P 6

IMPORTANT
READ INSTRUCTIONS ON BACK OF FORM
TYPE OR PRINT IN INK IN WHITE AREAS ONLY

IDENTIFYING INFORMATION

NAME
FIRST/MIDDLE: STANLEY ANN
LAST: DUNHAM
MAILING ADDRESS (In Care Of if applicable, Street, City, State, ZIP Code)
1512 SPRECKELS ST.
APT. 402
HONOLULU, HAWAII 96822

MR31G 155268
HONOLULU PASSPORT AGENCY
Issue Date _____
Endorsement _____

SEX: Male Female
PLACE OF BIRTH: WICHITA, KANSAS USA
DATE OF BIRTH: 11 29 42 (Month Day Year)
SOCIAL SECURITY NUMBER: 535 408522
HEIGHT: 56 (inches)
COLOR OF HAIR: BROWN
COLOR OF EYES: BROWN
HOME PHONE: 808 942 8454
BUSINESS PHONE: _____

PASSPORT NUMBER: Z310372211
ISSUE DATE: 4 27 81 (Month Day Year)
OCCUPATION: CONSULTANT
DEPARTURE DATE: APRIL 6, 8
MOST RECENT PASSPORT ISSUED WITHIN PAST 8 YEARS MUST BE ATTACHED
* 4/9/86 - ppt mailed to perm. address per her written request - attached
PERMANENT ADDRESS (Street, City, State, ZIP Code): 1512 SPRECKELS ST APT 402 HONOLULU, HI



PROPOSED TRAVEL PLANS AND EMERGENCY ADDRESS (Not Mandatory)
LENGTH OF STAY: 1 WEEK
COUNTRIES TO BE VISITED: PHILIPPINES
PERSON TO NOTIFY IN CASE OF EMERGENCY (Not Traveling With You): _____
NAME IN FULL: STANLEY ANN MADELYN DUNHAM
ADDRESS: 1617 S. BERETANIA #1008
PHONE NUMBER: 808 949 2317
RELATIONSHIP: PARENTS

OATH AND SIGNATURE (If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, the portion which applies should be lined out, and a supplementary explanatory statement should be attached, signed, and made a part of this application.)
I have not, since acquiring United States citizenship, been naturalized as a citizen of a foreign state; taken an oath, or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the Government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States or before a diplomatic or consular officer of the United States in a foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against the United States, or conspiring to overthrow, put down or destroy by force the Government of the United States.

WARNING: False statements made knowingly and willfully in passport applications or affidavits or other supporting documents are punishable by fine and/or imprisonment under the provisions of 18 USC 1001 and/or 18 USC 1542. The alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under 18 USC 1543. The use of a passport in violation of the restrictions therein is punishable by fine and/or imprisonment under 18 USC 1544.
DECLARATION: I declare that the statements made in this application are true and complete to the best of my knowledge and belief, that the attached photographs are a true likeness of me, and that I have not been issued or included in a passport issued subsequent to the one submitted herein.

X March 27, 1986
(Date)

X Stanley Ann Dunham
Signature of applicant (Must be signed by applicant)

FOLLOW INSTRUCTIONS CAREFULLY - INCOMPLETE OR UNACCEPTABLE APPLICATIONS WILL DELAY THE ISSUANCE OF YOUR PASSPORT.

FOR PASSPORT SERVICES USE ONLY RECORD: Type of Document(s), Number, Date Filed/Issued, Court/Place, Bearer's Name as Appropriate.
 Passport Evidence of Name Change Other:
Bearer's Name: same No.: 23037221 issued: 4/27/81 Place: Jakarta
APPROVAL: [Signature] Examiner Name: PT/HH Date: 3/27/86
FEE: 350K POST: _____

My trip was delayed by 1 month
Please mail my passport to

S. ANN DUNHAM
1512 SPRECKELS ST.
APT 402
HONOLULU, HI 96822

Stanley Ann Dunham

PH 942-8454

RECEIVED
APR - 9 1986
Honolulu Passport Agency