The Congresswoman <u>needs</u> this information in order to assist you with your passport:

Name: Address:				
City:		State:	Zip:	
Day Phone:			: <u>()</u>	
FAX:	<u>()</u>			
E-Mail:				
Social Secur Number:	ity		Date of Birth:	
Passport Re Number:	ceipt (If applicable)	Travel Date:	Travel Destination:	
	С	heck All That Apply		
New Passport: FORM DS-11		Renew F	Renew Passport: FORM DS-82	
Lost Passport: FORM DS-64		□ Applicant Under 14: FORM DS-3053		
Additional Pages: FORM DS-64		Name Change/Correction: FORM DS-5504		
\Box 1 st Call		DC Agency Special Issuance		
	ructions or Notes:			
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I hereby give Congresswoman Eleanor Holmes Norton permission to assist me with the issuance of a passport.

Signature:

Date: