



U. S. Senator Bill Nelson Passport Assistance Request

Please complete and fax to Senator Nelson's Orlando office at (407) 872-7165. You may also request assistance by calling the Orlando office at (407) 872-7161 or (888) 671-4091, toll-free in Florida only.

By checking this box, I am requesting that Senator Nelson act on my behalf with the U. S. Passport Agency. I understand that Senator Nelson cannot assist me if I am not a resident of the state of Florida, and that this form is available to the public free of charge.

Name of Requester _____ Signature: _____

Relationship of Requestor to Applicant(s):
 Husband Wife Son Daughter
 Other Family Member Other (list) _____

TRAVELER 1

Full Legal Name _____ Date of Birth _____
Social Security No. _____ Passport Locator No. _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Work Phone _____ Fax Phone _____
Email Address _____
Date of Travel _____ Return Travel Date _____
Travel Destination _____
Passport File Date _____

TRAVELER 2

Full Legal Name _____ Date of Birth _____
Social Security No. _____ Passport Locator No. _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Work Phone _____ Fax Phone _____
Email Address _____
Date of Travel _____ Return Travel Date _____
Travel Destination _____
Passport File Date _____

Name of Requester _____

TRAVELER 3

Full Legal Name _____ Date of Birth _____

Social Security No. _____ Passport Locator No. _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Fax Phone _____

Email Address _____

Date of Travel _____ Return Travel Date _____

Travel Destination _____

Passport File Date _____

TRAVELER 4

Full Legal Name _____ Date of Birth _____

Social Security No. _____ Passport Locator No. _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Fax Phone _____

Email Address _____

Date of Travel _____ Return Travel Date _____

Travel Destination _____

Passport File Date _____

TRAVELER 5

Full Legal Name _____ Date of Birth _____

Social Security No. _____ Passport Locator No. _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Fax Phone _____

Email Address _____

Date of Travel _____ Return Travel Date _____

Travel Destination _____

Passport File Date _____