

OMB APPROVAL NO. 1435-0033
EXPIRATION DATE: 12-31-2013
ESTIMATED BURDEN: 40 MIN

U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS

Please Print Legibly Using Black Ink Only

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

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

Note: The 52 page option is for those who frequently travel abroad. Submit the passport validity period and the recommended fee payment required for the number of pages.



115-57872

D C DP DOTS Code

End # Exp.

1. Name Last: MAXWELL
 First: GHISLAINE Middle: NOELLE

2. Date of Birth (mm/dd/yyyy): [REDACTED] 3. Sex: M F X

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

5. Social Security Number: [REDACTED] 6. Email Address (e.g. my_email@domain.com): [REDACTED] 7. Primary Contact Phone Number: [REDACTED]

8. Mailing Address: Line 1: Street/Dr, P.O. box, or URB. [REDACTED]
 Address Line 2: City, Postal Apartment, Company, Suite, Unit, Building, Floor, in Care Of or Attention if applicable (e.g. In Care Of - Jane Doe, Apt # 100) [REDACTED]
 City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Country (four-digit United States): [REDACTED]

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A. [REDACTED] B. [REDACTED]



10. Passport Book and/or Passport Card information
 Your name as listed on your most recent passport book and/or passport card

GHISLAINE NOELLE MAXWELL

Most recent passport book number: [REDACTED] Issue date (mm/dd/yyyy): 12/04/2002

Most recent passport card number: [REDACTED] Issue date (mm/dd/yyyy): [REDACTED]

11. Name Change Information. Complete if name is different from last passport book or passport card

Changed by: Marriage Place of Name Change: CA State Date (mm/dd/yyyy): [REDACTED]

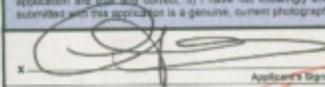
Changed by: Court Order Date (mm/dd/yyyy): [REDACTED]

Please submit a certified copy of your marriage certificate or court order to support your name change.

CONTINUE TO PAGE 2

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

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 the reverse side 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 submitted with 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.

 Date: 4/09/12

FOR ISSUING OFFICE ONLY PPT CIR PPT SR

Marriage Certificate Date of Marriage/Pass Issued: [REDACTED]

Court Order Date Filed/Court: [REDACTED]

From: [REDACTED] To: [REDACTED]

Other Attached

For Issuing Office Only Sk Fee: \$110 Cit Fee: \$620 Postage: [REDACTED] Other: CA

* DS 82 B 12 2010 1 *

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https://cdi.state.osis.gov/pls/PPT/rpt_passport_images.display_doc_all?p_hash=CF15C41... 2/24/2020 SDNY_GM_00323946

Name of Applicant (Last, First & Middle)
MAXWELL, GHISLAINE NOELLE

Date of Birth (mm/dd/yyyy)
[REDACTED]

12. Height 5ft. 8in. **13. Hair Color** Brown **14. Eye Color** Brown **15. Occupation** CONSULTANT **16. Employer or School (if applicable)** SELF EMPLOYED

17. Additional Contact Phone Numbers
Home: [REDACTED] Cell: [REDACTED] Work: [REDACTED]

18. Permanent Address: if P.O. Box is listed under Mailing Address or if residence is different from Mailing Address
Street/RFD # or UR# (No P.O. Box): [REDACTED] Apartment/Unit: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

19. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.
Name: [REDACTED] Address: Street/RFD # or P.O. Box: [REDACTED] Apartment/Unit: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Phone (include area code): [REDACTED]

20. Travel Plans
Date of Trip (mm/dd/yyyy): 04/12/2012 Duration of Trip: 2 WEEKS Countries to be visited: FRANCE AF # 7

**STOP! YOU HAVE COMPLETED YOUR APPLICATION
BE SURE TO SIGN AND DATE PAGE ONE**

or Disclosure

Prohibited

* DS 82 B 12 2010 2 *

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PASSPORT
201 Fifth Avenue, Suite 204, New York, NY 10001
Tel: (212) 437-1300 Fax: (212) 616-2268

Unauthorized

Letter of Authorization

To: **The US Passport Office**

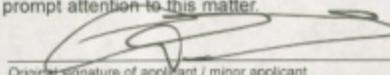
Dear Sir/Madam:

I, GRISLAINE MAXWELL hereby authorize
Passport Rush, LLC. to submit my passport and collect it when issued.

The following visas are required prior to my departure:

Date of birth: _____

Thank you for your prompt attention to this matter.


Original signature of applicant / minor applicant

For my son/daughter

Prohibited

00006995-0778

U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS OMB APPROVAL NO. 1405-0020
 EXPIRATION DATE: 12-31-2013
 ESTIMATED BURDEN: 40 MIN

Please Print Legibly Using Black Ink Only

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 8 page book is valid for international 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 require more pages during the passport validity period and is recommended for applicants who have previously required the purchase of visa pages.

1. Name: **MAXWELL** (First) **NOELLE** (Middle)
 2. Date of Birth (mm/dd/yyyy): [Redacted]
 3. Sex: F M
 4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.): [Redacted]
 5. Social Security Number: [Redacted]
 6. Email Address (e.g. my_email@domain.com): [Redacted]
 7. Primary Contact Phone Number: [Redacted]
 8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB. [Redacted]
 Address Line 2: Care of, Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable [Redacted]
 City: [Redacted] State: NY Zip Code: 10065 Country: United States
 9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional copies of supporting documents.)
 A. [Redacted] B. [Redacted]
 10. Passport Book and/or Passport Card Information
 Your name as listed on your most recent passport book and/or passport card: **GHISLAINE NOELLE MAXWELL**
 Most recent passport book number: [Redacted] Issue date (mm/dd/yyyy): 12/04/2008
 Most recent passport card number: [Redacted] Issue date (mm/dd/yyyy): [Redacted]
 11. Name Change Information Complete if name is different than last passport book or passport card.
 I changed my name because of a name change (City/State): [Redacted] Date of name change: [Redacted]
 I changed my name because of a court order (City/State): [Redacted] Date of name change: [Redacted]
 Please print the name of your court, court number, or court order that supports your name change.

CONTINUE TO PAGE 2

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW
 I declare under penalty of perjury all of the following: 1) I am a citizen or non-born 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 the reverse side 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 submitted with 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.

Applicant's Signature: [Signature] Date: 4/09/12

FOR ISSUING OFFICE ONLY
 Marriage Certificate Date of Marriage/Place Issued: [Redacted]
 Court Order Date Filed/Court: [Redacted]
 From: [Redacted]
 To: [Redacted]
 Other: [Redacted]
 Attached: [Redacted]

For Issuing Office Only: Bk Fee 8.10 Cd Fee 6.60 Postage Other CA
 * DS 82 B 12 2010 1 *
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https://cdi.state.osis.gov/pls/PPT/rpt_passport_images.display_doc_all?p_hash=CF15C41... 2/24/2020 SDNY_GM_00323949