

3PM 5/13



APPLICATION FOR A U.S. PASSPORT BY MAIL

GMB APPROVAL NO. 1405-0020
EXPIRATION DATE: 12-31-2010
EXPLANATION: 80-000000-00-0000

Attention: see WARNING on page two of instructions
Please select the document (or documents) for which you are applying:

U.S. Passport Book U.S. Passport Card

The U.S. passport card may only be used for international travel by land or sea between the United States, Canada, Mexico, the Caribbean and Bermuda. Please visit our website for detailed information.



1. Name Last
MAXWELL

First & Middle
GHISLAINE NOELLE

R D O DP
End. # 45 Exp 5-12-2010

3. Sex M F
4. Place of Birth (City & State or City & Country as it is presently known)
MAISONS LAFITTE, FRANCE

5. Social Security Number
[Redacted]

6. Mailing Address: Street/RFD # or P.O. Box
[Redacted] Apartment or unit # [Redacted]

City NEW YORK State NY Zip Code (Zip + 4 if known) 10065 In Care Of or Country, if applicable

7. Contact Phone Number [Redacted] Home [Redacted] Cell [Redacted] Work [Redacted] Email Address (Optional) [Redacted]

9. Have You Ever Used A Different Name (Maiden, Previous Marriage, Legal Name Change)? If yes, please complete. (Attach additional pages if needed)
1. [Redacted] 2. [Redacted]



10. Passport Book or Passport Card Information
Your name as listed on your most recent passport or passport card **OK**
GHISLAINE NOELLE MAXWELL **113 561059 2-73-06**
Most recent passport book or passport card [Redacted] **✓ S+K** Issue date (mm/dd/yyyy) 12/04/2002

11. Name Change Information - Complete if name is different than last passport book or passport card
 Changed by Marriage Place of Name Change (City/State) [Redacted] Date (mm/dd/yyyy) [Redacted]
 Changed by Court Order [Redacted] [Redacted]
Please submit 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 two of the instructions to the application form.

x [Redacted] May 12 2008
Date

This section for issuing office only
 Marriage Certificate Date of Marriage/Place Issued:
 Court Order Date Filed/Court:
 Other:
 Attached:
PPT Fee 75 EF Postage Other 60

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DS-82 02-2008

DS 82 10 2007 1

Page 1 of 2

CL BS AUTH ATT

Name of Applicant (Last, First & Middle)				Date of Birth (mm/dd/yyyy)	
MAXWELL, GHISLAINE NOELLE				12/25/1961	
12. Height	13. Hair Color	14. Eye Color	15. Occupation	16. Employer	
5FT 8IN	BROWN	BROWN	BUSINESSWOMAN		
17. Additional Contact Phone Numbers					
[Redacted]		<input type="checkbox"/> Home <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Cell		
		<input checked="" type="checkbox"/> Work	<input type="checkbox"/> Work		
18. Permanent Address: Street/RFD # (No P.O. Box)					Apartment or unit #
[Redacted]					
City			State	Zip Code	
NEW YORK			NY	10065	
19. 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 or unit #	
[Redacted]		[Redacted]		[Redacted]	
City	State	Zip Code	Phone Number	Relationship	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	
20. Travel Plan					
Date of Trip (mm/dd/yyyy)	Length of Trip	Countries to be visited			
06/13/2008	4 MONTHS	U.K., S. AFRICA, ISRAEL, U.A.E., AFGHANISTAN, IRAN			

7/16 LT 512 JOHANNESBURG - TZV

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

8/21 DUBAI - DELHI
INDIAN AIR BSC

00002994-0735

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travisa
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Letter of Authorization

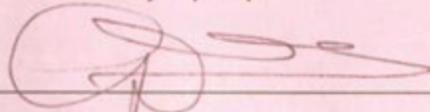
Date: May 9, 2008
Name: Maxwell, Ghislaine Noelle
(Last, First, Middle)
Date of Birth: December 25, 1961
Place of Birth: FRANCE

00002894-0736

I AUTHORIZE TRAVISA PASSPORT & VISA SERVICE TO SUBMIT MY PASSPORT APPLICATION TO A U.S. PASSPORT AGENCY, AND TO ACCEPT DELIVERY OF THE PASSPORT ON MY BEHALF.

Under the provisions of the Privacy Act of 1974 (Public Law 93-579,) no information may be released from U.S. Government files without prior written consent of the individual in question. Consequently, an employee of the U.S. Passport Agency cannot discuss the details of your passport application with Travisa Passport & Visa Service without your permission. Please choose one of the following:

- I authorize the U.S. Passport Agency to discuss any problems which may arise with my passport application with Travisa Passport & Visa Service.
- I want the U.S. Passport Agency to contact me directly should a problem arise with my passport application which concerns matters other than the date on which the passport will be ready for pick up.



(Original Signature)

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