

U.S. Department of State
 APPLICATION FOR U.S. PASSPORT REGISTRATION
 (Type or print all capital letters in blue or black ink in white areas only)

1. NAME (First and Middle)
 G H I S C A I N E M O E L L E

LAST
 M A X W E L L

2. MAIL PASSPORT TO: STREET / RFD / PO BOX APT #
 [REDACTED]

CITY [REDACTED] STATE [REDACTED]

ZIP CODE [REDACTED] COUNTRY / IN CARE OF (if applicable)
 C/O A M E R I C A N Y A C H T H A R B O R

3. SEX M F

4. PLACE OF BIRTH (City & State or City & Country)
 [REDACTED]

5. DATE OF BIRTH
 [REDACTED]

6. SOCIAL SECURITY NUMBER
 046842429

7. HEIGHT
 5 3

8. HAIR COLOR
 BROWN

9. EYE COLOR
 BROWN

10. BUSINESS TELEPHONE [REDACTED]

11. OCCUPATION
 B U S I N E S S W O M A N

14. FATHER'S FULL NAME
 M A X W E L L C O S E T

15. MOTHER'S FULL MAIDEN NAME
 M E I M A R D E I R A G E T Y

16. HAVE YOU EVER BEEN MARRIED?
 Yes No

17. OTHER NAMES YOU HAVE USED
 [REDACTED]

18. HAVE YOU EVER BEEN ISSUED A U.S. PASSPORT?
 Yes No

19. EMERGENCY CONTACT
 NAME [REDACTED]
 STREET [REDACTED]
 CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] TELEPHONE [REDACTED]

20. TRAVEL PLANS (not mandatory)
 Date of Trip: 1 2 0 3 2 0 0 2
 Length of Trip: 1 week
 COUNTRIES TO BE VISITED:
 U n i t e d K i n g d o m

21. STOP. DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY PERSON ADMINISTERING OATH.
 I have not, since acquiring United States citizenship, performed any of the acts listed under "Acts or Conditions" on the reverse of this application form unless explanatory statement is attached. I solemnly swear (or affirm) that the statements made on this application are true and the photograph attached is a true likeness of me.

X Applicant's Signature - age 14 or older
 X Father's/Legal Guardian's Signature (if identifying minor)
 X Mother's/Legal Guardian's Signature (if identifying minor)

(Signature of person authorized to accept application)
 [Signature] 11 27 2002 (SEAL) PASSPORT Agent

23a. Applicant's or Father's Identifying Documents
 Driver's License Passport Other (Specify) Nat. Cert.
 Issue Date: 11 27 2002 Expiration Date: [REDACTED] Place of Issue: St. Thomas, VI

23b. Mother's Identifying Documents
 Driver's License Passport Other (Specify)
 Issue Date: [REDACTED] Expiration Date: [REDACTED]

24. FOR ISSUING OFFICE USE ONLY (Applicant's evidence of citizenship)
 Birth Certificate SR CR Only 1900 issue
 Passport Bearer's Name: [REDACTED]
 Report of Birth: [REDACTED]
 Naturalization/Citizenship Cert. No. DA 07424519
 Other: [REDACTED]
 Seen & Returned: [REDACTED]
 Attached: [REDACTED]

25. FEE \$0.00
 12/3/02 14:11 657 IA CK \$0.00
 NA21 1406 046842429



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