For Passports Needed Within Four (4) Weeks

In order to help you with your passport, I need to know the following information:

Name: _____

Address: _____ Apt: _____

_____

City: _____ State: _____ Zip: _____

Day Phone: (____) _____ Evening Phone: (____) _____

FAX: (____) _____ Other Phone: (____) _____

E-Mail: _____

Social Security Number: _____ Date of Birth: _____

Passport Receipt or Locator Number (If Known): _____

Travel Date: _____ Destination: _____ Visa Needed: ☐ Yes ☐ No

Please Check All That Apply

☐ **New** Passport: FORM DS-11   ☐ **Renew** Passport: FORM DS-82

☐ **Lost** Passport: FORM DS-64   ☐ **Non-Receipt** of a Passport**: FORM DS-86**

☐ **Applicant Under 16:** FORM DS-3053   ☐ **Additional Pages**: FORM DS-4085

☐ **Applicant 16-17**   ☐ **Correction** FORM DS-5504

☐ **Name Change** Passport **Less** than 1-year-old FORM DS-5504

☐ **Name Change** Passport **More** than 1-year-old FORM DS-82

Former Name: _____

Application Made Through

☐ First Call   ☐ DC Agency   ☐ Special Issuance   ☐ National Passport Center

☐ Other_____

Please State the Problem and Provide Any Instructions. You May Use Additional Sheets.

☐ Hold for Pick-up by ☐ Applicant or ☐ Other Person_____

(Name)

_____

_____

_____

_____

_____

Pursuant to the Privacy Act, I give Congresswoman Eleanor Holmes Norton permission to assist me.

Signature: _____ Date: _____

Email or Fax the Signed Completed Form to: Congresswoman Eleanor Holmes Norton (202) 783-5211