

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)  
CHRISTINE MOELLE

LAST  
MAXWELL

2. MAIL PASSPORT TO: STREET / RD / OF P.O. BOX APT #  
[REDACTED]

CITY  
ST THOMAS

STATE  
VI

ZIP CODE  
00802

COUNTRY / IN CARE OF (if applicable)  
C/O AMERICAN YACHT HARBOR

3. SEX  
☐ M ☒ F

4. PLACE OF BIRTH (City & State or City & Country)  
MAISON LAFFITE FRANCE

5. DATE OF BIRTH  
Month Day Year  
11 27 2002

6. SOCIAL SECURITY NUMBER  
[REDACTED]

7. HEIGHT  
Feet inches  
5 3

8. HAIR COLOR  
BROWN

9. EYE COLOR  
BROWN

10. HOME TELEPHONE  
[REDACTED]

11. BUSINESS TELEPHONE  
[REDACTED]

12. OCCUPATION  
Business Woman

13. PERMANENT ADDRESS (DO NOT LIST P.O. BOX) STREET / R.F.D. # CITY STATE ZIP CODE  
[REDACTED] ST THOMAS VI 00802

14. FATHER'S FULL NAME BIRTHPLACE BIRTHDATE U.S. CITIZEN  
MAXWELL [REDACTED] [REDACTED] Yes

15. MOTHER'S FULL MAIDEN NAME BIRTHPLACE BIRTHDATE U.S. CITIZEN  
MAXWELL [REDACTED] [REDACTED] Yes

16. HAVE YOU EVER BEEN MARRIED? ☐ Yes ☒ No  
DATE OF MOST RECENT MARRIAGE (Month Day Year) [REDACTED]  
WIDOWED/DIVORCED? ☐ Yes ☒ No  
DATE (Month Day Year) [REDACTED]

17. OTHER NAMES YOU HAVE USED  
(1) [REDACTED] (2) [REDACTED]

18. HAVE YOU EVER BEEN ISSUED A U.S. PASSPORT? ☐ Yes ☒ No  
NAME IN WHICH ISSUED [REDACTED]  
MOST RECENT PASSPORT NUMBER [REDACTED]  
APPROXIMATE ISSUE DATE (Month Day Year) [REDACTED]  
DISPOSITION: ☐ Submitted ☐ Stolen ☐ Lost ☐ Other

It is necessary to submit a statement with an application for a new passport when a previous valid or potentially valid passport cannot be presented. Use Form DS-84.

19. EMERGENCY CONTACT. If you wish, you may supply the name, address and telephone number of a person not traveling with you to be contacted in case of emergency.  
NAME [REDACTED]  
STREET [REDACTED]  
CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] TELEPHONE [REDACTED]

20. TRAVEL PLANS (not mandatory)  
Date of Trip (Month Day Year) 1 20 2002  
Length of Trip 1 week  
COUNTRY TO BE VISITED: United Kingdom

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 [Signature] Applicant's Signature - age 14 or older

X [Signature] Father's/Legal Guardian's Signature (if identifying minor)

X [Signature] Mother's/Legal Guardian's Signature (if identifying minor)

Month Day Year 11 27 2002 (SEAL)

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  
Name Christine N. Maxwell ID No. 2754548

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

24. FOR ISSUING OFFICE USE ONLY (Applicant's evidence of citizenship)  
☐ Birth Certificate ☐ SR ☐ CR ☐ Other (Specify)  
Passport Bearer's Name: SAME  
Report of Birth: [REDACTED]  
Naturalization/Citizenship Cert. No. A 074245179  
Other: [REDACTED]  
Seen & Returned: ☒  
Attached: ☐

25. FEE \$0.00  
ML 1 12/3/02 14:11 657 IA CK \$0.00  
WAL 1406 046842429

DS-11 OMB No. 1405-0004 Expires: 12/31/2001 Estimated Burden - 20 Minutes Page 3 of 4