

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

☐ 21 Page Book (Standard) ☒ 52 Page Book (Non-Standard)

Note: The 52 page book is for those who frequently travel abroad during the passport validity period and is recommended for applicants who have previously required the addition of visa pages.

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

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/Rd, P.O. Box, or [REDACTED]
Address Line 2: City, State, Zip, Apt. No., Suite, Unit, Building, Floor, In Care Of or Attention if applicable (e.g. In Care Of - Jane Doe, Apt # 100)
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Country (if outside the 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 than last passport book or passport card
Changed by: Marriage (Place of Name Change: City/State) Date (mm/dd/yyyy)
Changed by: Court Order
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.

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

FOR ISSUING OFFICE ONLY ☒ PPT C/R ☐ PPT S/R


☐ 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: \$110 Cd Fee: \$600 Postage: [REDACTED] Other: [REDACTED]

* DS 82 B 12 2010 1 *

DS-82 12-2010 Page 1 of 2

Name of Applicant (Last, First & Middle)				Date of Birth (mm/dd/yyyy)	
MAXWELL, GHISLAINE NOELLE				[REDACTED]	
12. Height	13. Hair Color	14. Eye Color	15. Occupation	16. Employer or School (if applicable)	
5ft. 8in.	Brown	Brown	CONSULTANT	SELF EMPLOYED	
17. Additional Contact Phone Numbers					
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
18. Permanent Address: If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.					
Street/RFD # or URB. (No P.O. Box)					
[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		Address: Street/RFD # or P.O. Box		Apartment/Unit	
[REDACTED]		[REDACTED]		[REDACTED]	
City		State	Zip Code	Phone Number	Relationship
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	ASSISTANT
20. Travel Plans					
Date of Trip (mm/dd/yyyy)		Duration of Trip	Countries to be visited		
04/12/2012		2 WEEKS	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 *					

DS-82 12-2010

Page 2 of 2

PASSPORT 292 Fifth Avenue, Suite 204, New York, NY 10001
Tel: (212) 397-1000 Fax: (212) 616-2268

Letter of Authorization

To: The US Passport Office

Dear Sir/Madam:

I, GHISLAINE 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: [REDACTED]

Thank you for your prompt attention to this matter.

[Signature]
Original signature of applicant / minor applicant

For my son/daughter

WIC 4/11 10

U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS OMB APPROVAL NO. 1405-0020
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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 U.S. passport card is not valid for international air 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 need more than 16 pages during the passport validity period and is recommended for applicants who have previously required the addition of visa pages.

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

2. Date of Birth (mm/dd/yyyy) [REDACTED] 3. Sex: ☐ M ☒ F 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 [REDACTED] Primary Contact Phone Number [REDACTED]

8. Mailing Address: Line 1: Street or Dr., P.O. Box, or RFD [REDACTED]
 Address Line 2: City, State, Zip, Apt. No., Suite, Unit, Building, Floor, In Care Of or Attention if applicable [REDACTED]
 City [REDACTED] State [REDACTED] Zip [REDACTED] Country: [REDACTED] (include the country code)

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.
☐ Changed or changed by court order (Name Change, Nickname, etc.) Date (mm/dd/yyyy): [REDACTED]
☐ Changed by Court Order Date (mm/dd/yyyy): [REDACTED]
 Please provide a 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.

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

FOR ISSUING OFFICE ONLY ☒ PPT C/R ☐ PPT SR
☐ 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: \$110 Cd Fee: \$6.00 Postage: [REDACTED] Other: CK
 * DS 82 B 12 2010 1 *

DS-82 12-2010 Page 1 of 2