

(PLEASE TYPE OR PRINT)

DEPARTMENT OF STATE
PASSPORT APPLICATION

Passport Office Use Only

Before Completing this Application, Read Information for Passport Applicants in Part I

PART I - TO BE COMPLETED BY ALL APPLICANTS

092526

PASSPORT
ISSUED

JUN 25 '53

DEPARTMENT OF STATE
NEW ORLEANS, LA.

NAME (Last, first, middle, initial)
LEE HARLEY ESWARD

ADDRESS
P.O. BOX 30611

CITY
NEW ORLEANS LA.

IN CASE OF DEPENDENCY
DATE OF BIRTH (Month, day, year)
OCT. 18, 1939

PLACE OF BIRTH
NEW ORLEANS, LA.

HEIGHT
5-11

HAIR
BR.

EYES
GRY

APPROXIMATE DATE OF DEPARTURE
08-31-53

VEHICLE IDENTIFICATION NUMBER
2-2011111

PERMANENT RESIDENCE (Country, Street, City, State, Zip)
757 FRENCH ST. NEW ORLEANS LA USA

PERSONS TO BE INCLUDED IN PASSPORT
This section to be completed only if wife or husband to be included in applicant's passport (Indicate photographs (Indicate in group photo)

WIFE'S HUSBAND'S FULL LEGAL NAME

WIFE'S HUSBAND'S LAST U.S. PASSPORT WAS OBTAINED FROM

LOCATION OF ISSUING OFFICE DATE OF ISSUANCE

This section to be completed only if children are to be included in applicant's passport (Indicate photographs (Indicate in group photo)

NAME IN FULL PLACE OF BIRTH DATE OF BIRTH

RESIDES IN THE U.S. YES

WAS YOU PREVIOUSLY APPLIED FOR U.S. PASSPORT? (If answer is "Yes", complete box below)

DATE OF BIRTH DATE OF ISSUANCE

LOCATION OF ISSUING OFFICE

1733212-C&A-7

CLASSIFICATION FOR CATEGORIZATION

OTHER INFORMATION STATE

JUN-24-53 600004 LIMITED 9.00

JUN-24-53 600004 LIMITED 1.00

DO NOT SIGN HERE

Signature

FOR USE BY OFFICIAL

COVER - YOU MUST COMPLETE PAGE 2

D-3 (K-5)

