Print Form Reset Form

CONGRESSMAN JACK KINGSTON

PASSPORT ASSISTANCE REQUEST

Please complete this form and bring it with you to my nearest district office.

PURSUANT TO THE REQUIREMENTS OF THE PRIVACY ACT, PUBLIC LAW 93.579, I AUTHORIZE CONGRESSMAN JACK KINGSTON AND HIS STAFF TO DISCUSS MY PASSPORT APPLICATION WITH AGENTS OF U.S. PASSPORT SERVICES.

_____ _____

Signature *Date*

* * *

PLEASE PRINT AND COMPLETE ENTIRELY:

Full Name: _____

Address: _____

City: _____State _____ Zip code _____

Work Phone _____

Home Phone _____

Cell Phone _____

Date of Birth _____

Place of Birth (City & State) _____

Social Security Number _____

Date of Departure _____

Destination _____

Baxley
Post Office Box 40
Baxley, GA 31515
Phone: (912) 367-7403
Fax: (202) 226-2269

Brunswick
1510 Newcastle Street,
Suite 200
Brunswick, GA 31520
Phone: (912) 265-9010
Fax: (912) 265-9013

Savannah
1 Diamond Causeway,
Suite 7
Savannah, GA 31406
Phone: (912) 352-0101
Fax: (912) 352-0105

Valdosta
Post Office Box 5264
Valdosta, GA 31603
Phone: (229) 247-9188
Fax: (202) 226-2269