



# VISA AND PASSPORT REQUEST FORM

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TRAVELER INFORMATION:

Last Name (Traveler 1): \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name (Traveler 2): \_\_\_\_\_ First Name: \_\_\_\_\_

**Return Documents to:**  Home or  Business (Name & c/o): \_\_\_\_\_

**EXACT** address (No P.O.Boxes): \_\_\_\_\_ Apt/Ste#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

**Phone** (required): \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date you need your passport** (Please allow maximum processing time for regular processing) \_\_\_\_\_

**Optional insurance:** \$9.00 per passport: in the unlikely event that your passport is lost or damaged in transit from GenVisa. This will cover your full out of pocket visa(s) and passport replacement costs up to \$2,000. Please check one of the boxes below.

**Yes**, I have added an additional \$9.00 per person for the optional insurance. *[FedEx Signature required upon delivery.]*

**No**, I decline the optional insurance and understand that in the unlikely event my passport is lost or damaged, Generations Visa Service liability is limited to \$100. *[No signature required upon delivery.]*

**Services Requested:**

**Passport:** Diplomatic / Official / Regular New:  Renew:  2<sup>nd</sup> Passport:

<b><u>Visas:</u></b>	Tourist:	Business:	Number of Entries
Country #1: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country #2: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country #3: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Payment Method for Applicable Fees:**

**3% surcharge will be added to All credit card transactions**

Check (Preferred):  # \_\_\_\_\_ Name on Card: \_\_\_\_\_

Master Card/ Visa Card:  Card Number: \_\_\_\_\_ Exp.Date: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ SVV: \_\_\_\_\_

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Mail materials to:

**GENERATIONS VISA SERVICE  
2233 WISCONSIN AVE N.W. #226  
WASHINGTON D.C. 20007-4119  
1-800-845-8968**

