Honorary Consulate of Lebanon
Cleveland, OH

PASSPORT RENEWAL APPLICATION

NAME	First:		Middle:	
	Last:			

MOTHER'S FULL MAIDEN NAME	

MARITAL STATUS (√)	Single:	☐	Married:	☐	Divorced:	☐	Widowed:	☐

SPOUSE NAME	First:		Maiden:	

BIRTH	Date (MM/DD/YYYY):		Place:	

SEX	Male (M) / Female (F):		Nationality:	

PROFESSION	

ADDRESS IN THE USA

Street:				Apt./Suite:	
City:		State:		Zip Code:	

PHONE	Home:		Mobile:		Work:	
E-MAIL						

ADDRESS IN LEBANON

Street:				Building:	
City:		Area:		Province:	

PHONE IN LEBANON	Home:		Mobile:		Work:	

PASSPORT

Number:		Issue Date (MM/DD/YYYY):	
Expiration Date (MM/DD/YYYY):		Place of Issue:	

NUMBER AND PLACE OF REGISTRATION IN LEBANON	

LEBANESE / EXTRACT OF CIVIL STATUS RECORD

Number:		Province	

STATUS IN THE USA

LEGAL STATUS (√)	Citizen:	☐	Resident:	☐	Student:	☐	Visitor:	☐
Visa Number:			Permanent Resident Number:					
Issue Date (MM/DD/YYYY):			Expiration Date (MM/DD/YYYY):					

Signature:	

Print Form