From the desk of: :NAME IN PARSE SYTAX

c/o rural route ADDRESS

CITY< STATE SPELLED OUT

Zip Exempt Near [XXXXX]

DATE

U.S. Department of State

Office of Law Enforcement Liaison

44132 Mercure Cir

P.O. Box 1227

Sterling, VA 20166

To whom it may concern,

I’d like to request a certified copy of my passport records. My full birth name is NAME, born on DOB, in CITY, STATE. My mailing address (to be delivered by USPO) is listed above. My daytime telephone number is XXX-XXX-XXXX and email address is ADDRESS.

I’d applied for an urgent travel trip thus my passport was issued in person on DATE, at the OFFICE NAME office, number #XXXXXXX. My card was issued on DATE, via the mail, number #XXXXXX.

Further, that I do solemnly declare under the penalty of perjury under the laws of the United States of America that the foregoing facts contained herein are true, correct and complete to the best of my knowledge and belief pursuant to 28 U.S.C. § 1746.

All my God given un-a-lien-able rights are reserved, without Prejudice UCC 1-308, and without Recourse.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

:PARSE SYNTAX NAME:, an honorable living woman created in the image of YHWH