

# GENERATIONS VISA SERVICE ORDER FORM

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## TRAVELER(s) INFORMATION:

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

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

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

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

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

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

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

**Date you will depart the U.S:** \_\_\_\_\_ **Tour Operator:** \_\_\_\_\_

## Services Requested:

**Passport:** Renewal  New Passport  Second (Limited Validity) Passport

## Visa(s):

Country: \_\_\_\_\_ How many entries: \_\_\_\_\_ Date of entry \_\_\_\_\_

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## Payment Method for Applicable Fees:

Money Order | Personal Check | Cashier's Check

Check in US funds, drawn on a US bank

**Optional insurance:** \$9.00 per passport: in the unlikely event that your passport is lost or damaged in transit. This will cover your full out of pocket **direct** 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]

Send materials to:

**GENERATIONS VISA SERVICE  
2233 WISCONSIN AVE N.W. #405  
WASHINGTON D.C. 20007-4151  
1-800-845-8968**

