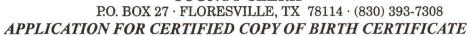
WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195-003)

Receipt #



EVA S. MARTINEZ

COUNTY CLERK





1.	NAME					2.	SEX	
				LAST/MAIL				
3	DATE OF BIRTH _							
0.	Divid of Buttin _	MON	NTH	DAY		YEA	R	
4.	DI ACE OF RIPTH							
	PLACE OF BIRTH .	CITY OR TOWN	1		COUNTY			
5	NAME OF FATHER							
o.	NAME OF PATTIEN							
6	MOTHED'S PIDST &	MAIDEN NAM	e e					
0.	MOTHERSTINST	MAIDEN NAM	<u> </u>					
7	RELATIONSHIP TO PERSON NAMED IN ITEM 1 ABOVE							
1.								
Q	MY PURPOSE IN OBTAINING THE COPY IS							
0.								
0	DI #	TO A CITY						
9.	DL#	DATE			SIGNATURE OF APPLICANT			
10.	WILL NOT REQUES	T REFUND "IF"	THE PASSPORT D	EPT.				
	DENIES THIS B/C_						CITY AND STATE	
D/C NAME					NT.	Do	Cont. No.	
B/C NAME				VC)L	rage	Cert. No.	