



*Embassy of Lebanon  
Washington, D.C.*

**Application to Request a New Travel Document for  
Palestinians Refugees**

I, the undersigned;

First and Last Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Would like to apply for the New Travel Document at the Embassy of Lebanon in Washington, DC  
to be valid for:      One Year      3 Years      5 Years

Marital Status (For Females only)      Single      Married      Divorced      Widow

Do you want to include your Marital Status in the New Passport?      Yes      No

Husband's First and Last Name (If Any) \_\_\_\_\_

Husband's Nationality (If Any) \_\_\_\_\_

Residing Address in the USA:

\_\_\_\_\_

USA Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address in Lebanon : ( or of one of your relatives)

\_\_\_\_\_

Phone Number in Lebanon:

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_