WHITE HOUSE SECURITY FORM

Date:	
Full Name:	iddle Last
Address:	
Home Phone: Wo	ork Phone:
Cell Phone: Em	nail:
Tour Dates: To	tal Number of People in Party:
Special Circumstances: (hearing-impaired, visually-impaired, wheelchairs, etc.)	
The White House requires that each visitor provide their <u>full name</u> (<u>first name</u> , <u>middle name</u> , <u>last name</u> ,), <u>gender</u> , <u>date of birth</u> , <u>social security number</u> , <u>current residence</u> , <u>U.S. citizen</u> (<u>Y or N</u>) and <u>country of birth</u> . <u>If you are not a U.S. citizen</u> , <u>please provide your country of citizenship and passport number</u> .	
Full Name:	Gender:
DOB:	Social Security Num.:
Current Residence (City & State):	U.S. Citizen:
Country of Birth:	Passport Num (if applicable):
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DOB:	Social Security Num.:
Current Residence (City & State):	U.S. Citizen:
Country of Birth:	Passport Num (if applicable):
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Full Name:	Gender:
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Current Residence (City & State):	U.S. Citizen:
Country of Birth:	Passport Num (if applicable):

Please attach additional sheets of paper if necessary and fax to Washington, DC, 202-225-7822