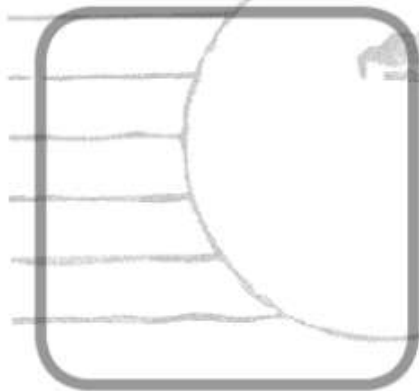


**UNITED STATES OF AMERICA  
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Given Name \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

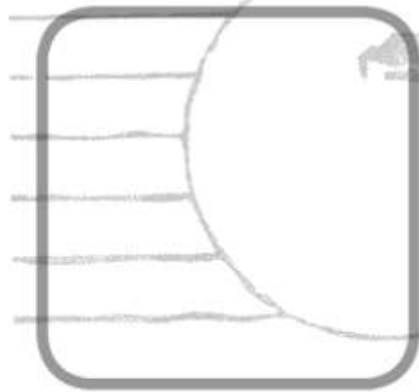
Place of Birth \_\_\_\_\_

Issued On \_\_\_\_\_ Expires On \_\_\_\_\_



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Given Name \_\_\_\_\_

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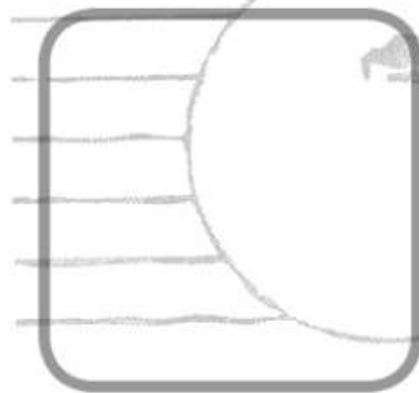
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