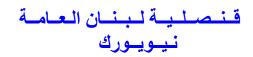
Consulate General of Lebanon New York





Legalization Application

1- Applicant full name (as pe	er passport):										
(Arabic)	م الأوسط: الشهرة:			الاسم:							
(English)	First:	Middl	e:	Last:							
2- Mother's full name:											
(Arabic)	م الأوسط: الشهرة:			الاسم:							
(English)	First:	Middle	e:	Last:							
3- Father's full name:											
(Arabic)	الشهرة:	م الأوسط:		الأسم:							
(English)	First:	Middle	e:	Last:							
4- Place of birth: 5- Date of birth (month/day/year):											
6- Place & number of registration in Lebanon (where applicable):											
: البلدة: البلدة: الرقم: (Arabic)											
(English) Distric	t:	Town or Vi	llage:	Number:							
7- Phone number:			8- Email address:								
Home: ()											
Cell: ()			9- Passport number:								
10-Address in the U.S.A:											
Street:											
City:	;	State:		Zip code	•						
14- Legalization of:											
							 Life certificate شهادة حياة Medical report تقرير طبي Pledges including denial of ownership تعهد بنفي الملكية School certificate & school transcript افادة شهادة) مدرسية Shipping of personal effects 				
	وصية Will										
مستندات تجارية (Commercial documents (agreements											
 Legalization of a Copy of a Passport/ Travel Document 											
شهادة منشأ Shipping documents: (Certificate of origin											
فواتير تجارية Commercial invoices فواتير تجارية											
	Commerci	رچ ar invoices	فوالير نجا								
* For wills only, two independent	endent witnesses a	re needed.									
First witness' full name:			Second witness' full name:								
Phone number: ()			Phone number: ()								
Address:			Address:								
Street:			Street:								
City: Sta	te: Zip co	ode:	City:	State:	Zip code:						
Applicant's signature:	•		Date:								

Kindly select this link for supporting documents & requirements $\underline{legalization\ of\ documents}$ / $\underline{legalization\ of\ shipping\ documents}$