

Ticket copy request

First name	Last name	Reason for request	
_____	_____	Business Purpose	
_____	_____	Immigration	
		Frequent Flyer mileage Accrual	
Travel date	Flight number	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Program name and account number

Ticket number(s) (if available): _____

There is a USD \$20.00 service fee per ticket.

Please choose one of the following payment options and complete the requested information:

Credit card	Mastercard	Visa	American Express
Card number	_____		
Card holder name	_____		
Expiration date	_____		

Or check payable to: Lufthansa

Please mail completed form and payment to:

Lufthansa Flight Verification
1640 Hempstead Turnpike
East Meadow, NY 11554

If payment via credit card, this form with attachments may be faxed to 516 296 9451

Please advise the address where you would like the information sent **and allow 2 week for processing**

Name _____

Address _____

City/Town _____ State _____ Zip code _____

Phone: _____ Fax: _____ e-mail _____

Lufthansa may only release passenger information to the passengers themselves providing sufficient proof of identity is received. Please complete the affidavit found on the following page and return with this ticket verification form via postal mail to the address above or via fax provided.



Affidavit

I, _____ being duly sworn deposes
(Name)

and says that I reside at:

(Address)

_____, and
(Phone number)

hereby state that I was a passenger of Lufthansa German Airlines and I am requesting information on my previous travel as specified in the attached letter.

I understand that if available, Lufthansa German Airlines will only release the information requested by the passenger to the passenger him/herself.

As proof of my identity, I am including a copy of my:

Passport

Driver's License

Print Name

Signature

Date