Office of the Attorney General, RMI

APPLICATION FOR RMI PASSPORT

Type or print all capital letters in blue or black ink in white areas only)

1. NAME (First and Middle)

LAST

2. MAIL PASSPORT TO: STREET/RFD # OR P.O.BOX **APT. #**

CITY **STATE** **ZIP CODE**

STAPLE 2"X 2"PHOTO

3. MARITAL STATUS	4. SEX	5. PLACE OF BIRTH	6. DATE OF BIRTH	7. SOCIAL SECURITY NUMBER
[ ] Single [ ] Married [ ] Divorced	Male [ ] Female [ ]	Atoll or Island Country	Month Day Year	

8 HEIGHT	9 HAIR COLOR	10. COLOR OF EYES	11. HOME TELEPHONE	12. BUSINESS TELEPHONE	13. OCCUPATION

14. PERMANENT ADDRESS (DO NOT LIST P.O.BOX) STREET/R.F.D.# CITY STATE ZIP CODE

15. FATHER'S FULL NAME	16. BIRTH PLACE	17. BIRTH DATE	18. RMI CITIZEN
Last First	Atoll or Island Country	Month Day Year	[ ] Yes [ ] No
18. MOTHER'S FULL MAIDEN NAME	**20. BIRTH PLACE**	**21. BIRTH DATE**	**22. RMI CITIZEN**
	Atoll or Island Country	Month Day Year	[ ] Yes [ ] No

23. HAVE YOU EVER BEEN MARRIED YES [ ] NO [ ]

24. DATE OF MOST RECENT MARRIAGE Month Day Year

25. SPOUSE'S or FORMER SPOUSE'S FULL NAME

26. EMERGENCY CONTACT *(If you wish, you may provide the name, address & telephone no. of the person not traveling with you to be contacted in case of emergency*

Name *Address* *State* *Zip Code* *Telephone No.*

27. HAVE YOU EVER BEEN ISSUED AN RMI PASSPORT? [ ] Yes [ ] *No If yes, complete next line and submit passport if available*

NAME IN WHICH ISSUED *MOST RECENT PASSPORT NUMBER* *APPROXIMATE DATE ISSUE* Month Day Year *DISPOSITION* [ ] Submitted [ ] Stolen [ ] Lost [ ] Others _____

It is necessary to submit a statement with an application for a new passport when a previous valid or potentially valid passport cannot be presented. The statement must set forth in detail why the previous passport cannot be presented.

28. Father's Identifying Documents

[ ] Drive's License [ ] Passport [ ] Other (specify)

Date Issue_____ Expiration Date _____ Place of Issue _____

Name:_____ I.D. No. _____

29. Mother's Identifying Documents

[ ] Drive's License [ ] Passport [ ] Other (specify)

Date Issue _____ Expiration Date _____ Place of Issue _____

Name: _____ I.D. No. _____

Applicant's Signature *14 years and older* **Date**

Parent's/Legal Guardian's Signature *Under 14 years old* **Date**

Notary Seal

(Signature of Notary Public) **Date**

[ ] Clerk of Court: Location _____
[ ] Passport Agent
[ ] Postal Employee
[ ] Vice Counsel RMI _____

30. FOR ISSUING OFFICE USE ONLY *(Applicant's evidence of citizenship)*

[ ] Birth Certificate [ ] SR [ ] CR [ ] City File/Issued:
[ ] Passport Bearer's Name:
[ ] Report of Birth
[ ] Naturalization / Citizenship Certificate No._____ Issued: _____
[ ] Others
[ ] Seen & Returned:
[ ] Attached:

31. FEE_____ **EXEC** _____ **EF** _____ **Others** _____

ATTORNEY GENERAL OFFICE