

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 MAIL PASSPORT TO: STREET/RFD # OR P.O.BOX APT.# STATE ZIP CODE STAPLE 2"X 2"PHOTO CITY 3. MARITAL STATUS 5. PLACE OF BIRTH 6. DATE OF BIRTH 7. SOCIAL SECURITY NUMBER [] Single [] Married Male []] Divorced Female [Atoll or Island Country Day Year 8 HEIGHT 10. COLOR OF EYES 11. HOME TELEPHONE 9 HAIR COLOR 12. BUSINESS TELEPHONE 13. OCCUPATION 14. PERMANENT ADDRESS (DO NOT LIST P.O.BOX) STREET/R.F.D.# ZIP CODE CITY STATE 15. FATHER'S FULL NAME 16. BIRTH PLACE 17. BIRTH DATE 18. RMI CITIZEN [] Yes [] No Atoll or Island Country Day First Month 18. MOTHER'S FULL MAIDEN NAME 20. BIRTH PLACE 21. BIRTH DATE 22. RMI CITIZEN [] Yes [] No Atoll or Island Country Month Day Year 23. HAVE YOU EVER BEEN MARRIED 24. DATE OF MOST RECENT MARRIAGE 25. SPOUSE'S or FORMER SPOUSE'S FULL NAME YES [NO [] Month 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 State Zip Code Telephone No. 27. HAVE YOU EVER BEEN ISSUED AN] Yes [] No If yes, complete next line and submit passport if available DISPOSITION RMI PASSPORT? NAME IN WHICH ISSUED MOST RECENT PASSPORT NUMBER APPROXIMATE DATE ISSUE [] Submitted [] Stolen Month Day Year [] Lost 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 29. Mother's Identifying Documents [] Drive's License [] Passport [] Other (specify) [] Drive's License [] Passport [] Other (specify) Expiration Date ___ Place of Issue ____ Date Issue _____ Expiration Date __ Place of Issue ____ Date Issue____ ___ I.D. No. _ I.D. No. Parent's/Legal Guardian's Signature Applicant's Signature Under 14 years old 14 years and older **Notary Seal**] Clerk of Court: Location _] Passport Agent Date [] Postal Employee (Signature of Notary Public) [] 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: EF 31. FEE EXEC Others

ATTORNEY GENERAL OFFICE