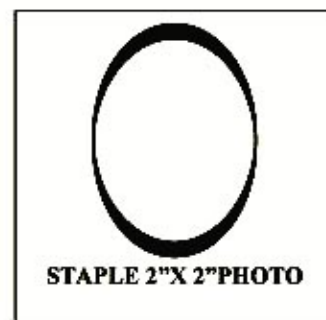




Office of the Attorney General, RMI

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									

3. MARITAL STATUS			4. SEX		5. PLACE OF BIRTH				6. DATE OF BIRTH			7. SOCIAL SECURITY NUMBER												
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			Male <input type="checkbox"/> Female <input type="checkbox"/>		_____ 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			<input type="checkbox"/> Yes <input type="checkbox"/> No			
18. MOTHER'S FULL MAIDEN NAME				20. BIRTH PLACE				21. BIRTH DATE			22. RMI CITIZEN			
_____ Last First				_____ Atoll or Island Country				_____ Month Day Year			<input type="checkbox"/> Yes <input type="checkbox"/> No			

23. HAVE YOU EVER BEEN MARRIED			24. DATE OF MOST RECENT MARRIAGE			25. SPOUSE'S or FORMER SPOUSE'S FULL NAME					
YES <input type="checkbox"/> NO <input type="checkbox"/>			_____ Month Day Year			_____					

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

NAME IN WHICH ISSUED _____		MOST RECENT PASSPORT NUMBER _____		APPROXIMATE DATE ISSUE			DISPOSITION	
				_____ Month Day Year			<input type="checkbox"/> Submitted <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> 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			29. Mother's Identifying Documents		
<input type="checkbox"/> Drive's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (specify) _____ Date Issue _____ Expiration Date _____ Place of Issue _____ Name: _____ I.D. No. _____			<input type="checkbox"/> Drive's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (specify) _____ Date Issue _____ Expiration Date _____ Place of Issue _____ Name: _____ I.D. No. _____		

Applicant's Signature		Date		Parent's/Legal Guardian's Signature		Date	
_____ <i>14 years and older</i>				_____ <i>Under 14 years old</i>			

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: _____
 Seen & Returned:
 Attached:

31. FEE _____		EXEC _____		EF _____		Others _____	
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