



PASSPORT APPLICATION FOR THE REPUBLIC OF THE MARSHALL ISLANDS

REQUIREMENTS

NEW PASSPORT

Birth Certificate Consent Form*

Payment Receipt Marriage/Divorce Certificate*

*IF APPLICABLE

PASSPORT RENEWAL

Copy of Passport Consent Form*

Payment Receipt Marriage/Divorce Certificate*

*IF APPLICABLE

OFFICIAL PASSPORT

Official Letter

Valid Passport

1 PERSONAL INFORMATION

[Fill in this form in **CAPITAL LETTERS** only and write only within the white boxes]

Write your **FULL NAME** Write your **SOCIAL SECURITY#**

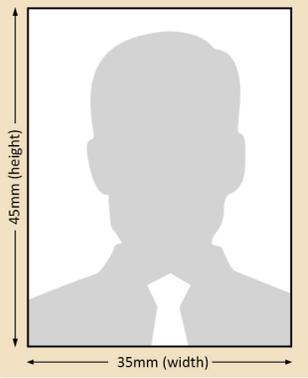
Surname or Family Name

First and Middle Names

Write your **PLACE OF BIRTH**

City or Town (State if in the U.S.) you were born in

Country you were born in



Write your **DATE OF BIRTH** MM / DD / YYYY Tick your **GENDER** Male Female Write your **HAIR COLOR**

Tick your **MARTIAL STATUS** Single Married Divorced Write your **HEIGHT** Feet Inches Write your **EYE COLOR**

2 CONTACT & DELIVERY DETAILS

Write your **EMAIL**

Write your **CURRENT ADDRESS** Write your **PHONE#**

Unit and/or House Number Street Name

City or Town State Postal Code

Write your **EMERGENCY CONTACT** Write contact's **PHONE#**

Fullname (Surname First)

Unit and/or House Number Street Name

City or Town State Postal Code

3 PARENTS' DETAILS

Write your **FATHER'S NAME** Write your Father's **DATE OF BIRTH**

Fullname (Surname First)

Marshallse? City or Town (State if in the U.S.) and Country of Birth

Write your **MOTHER'S NAME** Write your Mother's **DATE OF BIRTH**

Fullname (Surname First)

Marshallse? City or Town (State if in the U.S.) and Country of Birth

SIGNATURE

SIGN **INSIDE** THE WHITE BOX ONLY

FOR ISSUING OFFICE ONLY

Issued Passport Number

MM / DD / YY