#### **FSM PASSPORT APPLICATION FORM**

Applicant must complete this form and forward it to: Division of Immigration & Passport Services, Dept. of Justice P.O. Box PS 157 Palikir, Pohnpei FM 96941 FSM National Government

# FOR OFFICIAL USE ONLY Document Issued On: \_\_\_\_\_ Issuing Official:\_\_\_\_\_

Applicant Photo

 $1^{3/16} \times 1^{3/4}$ 

Date

Type of Passport: [ ] Ordinary [ ] Official [ ] Diplomatic

Applicant Information				
Name:Last Name		Middle Name	First No	ame
Other Names You Have Used:				
Date of Birth:				
Height: Feet	_Inches	Hair Color	Eye Color	
Birth Place:	Home Address:			
Current Postal Address:				
Email Address:			Phone Number:	
Have you ever been issued a foreign passport of	or FSM Passport? [	] Yes [] No		
If yes, country of issuance, date issued and pas	sport number			
Basis of FSM citizen: [ ] Birth [ ] Naturaliza	tion [ ] Other means	(Provide proof)		
Father Information				
Last Name:	First Name:		Middle Name:	
Birthdate:	Birthplace:		Is your fath	ner FSM citizen? [ ] Yes [ ] No
If no what nationality:				
Mother Information				
Last Name:	First Name:		Middle Name	<u>:</u>
Birthdate:	_Birthplace:		Is your moti	ner FSM citizen? [ ] Yes [ ] No
If no, what nationality:				
	•	(Do not sign in sign.) PLEASE SIG	Applicant Required In the box for infant and IN WITHIN THE BOX E MUST NOT TOUCH	<b>x.</b>
Signature of parent or guardian if under age 14	or unable to sign app	lication		
Subscribed and sworn to before me this	day of	20	NOTARY	PUBLIC SEAL
I hereby certify that I reviewed the application .	and found to be comp	plete and I am satisfied	that the applicant is a citizen of the	

FSM Immigration Reviewing Officer

#### INSTRUCTIONS

This Passport Application Form must be filled out completely, signed and notarized prior to submission to the FSM Passport Office. Please print all information in **BLOCK LETTERS**.

For new applicant or renewal of expired passport, the following documents are required.

#### New Passport (New Applicant)

- Court Registered Birth Certificate.
- Two Identical Passport Photos of the applicant (size 1 3/16 x 1 3/4 passport photo).
- Court Registered Marriage Certificate for maiden name change.
- In cases of unavailability of records of Birth Certificate, a court registered Baptismal Certificate can be submitted with your application form.
- Payment of passport fee in the amount of \$50.00 payable to FSM National Treasury.
- If basis of FSM Citizen is Naturalization provide copy of Naturalization Certificate.

#### Passport Renewal

- The expired passport must be submitted with your Application Form.
- Two Identical passport photos of the applicant (size 1 3/16 x 1 3/4 passport photo).
- Payment of passport renewal fee payable to FSM National Treasury in the amount indicated above.

#### Passport Replacement

- a) A passport that is lost, stolen, damaged or mutilated may be replaced. Application for a replacement shall be made by submitting an Application Form, the passport itself if available, a sworn affidavit detailing the circumstances surrounding the loss, theft, damage or mutilation of the passport; replacement fee in money order or cashier's check payable to FSM National Treasury, and two identical passport photos of the applicant. The Replacement fee for lost, stolen, damaged or mutilated shall be \$75.00
- b) A passport that has no remaining blank visa pages before the date of expiration may be replaced. Application for a replacement shall be made by submitting an Application Form, the passport, a fee of \$25.00 in money order or cashier's check payable to FSM National Treasury and two identical passport photos.
- c) A passport issued to an infant under 12 months may be replaced. Application for a replacement shall be made by submitting an Application Form, the passport itself, two identical passport photos and a passport fee of \$50.00
  - Applicants who are under the age of 14 but are capable of signing the application should sign the application. However, a signature of a parent or guardian shall also be required for applicants under the age of 14. Applicants who are 14 or older but are unable to sign the application due to incapacity or disability shall, in their own handwriting, place an "X" in the signature box. In the event an applicant's incapacity or disability prevents the applicant from placing an "X" in the signature box, the signature box shall remain vacant and the application shall be accompanied by a written statement of a close relative, legal guardian, or medical doctor attesting to the applicant's inability to sign the application. In such circumstances, a parent, legal guardian, or other close relative shall sign the application in the space provided for parents and guardians signature on the Application Form.

## Applicant's Contacts - Email Address or Phone Number

a) Please ensure that you complete the application form with your Email Address (if applicable) or Phone Number so we can contact you as soon as possible if we found your application to be incomplete.

## Submission of passport application and supporting documents

a) All completed passport applications and supporting documents should be addressed and forwarded to the FSM Passport Office in accordance with the following address format as required by each Courier as shown below:

#### For Regular, Certified, Registered and Express Postal Office Mail, please use the following address format:

FSM National Government Department of Justice Division of Immigration & Labor P.O. Box PS-157 Palikir, Pohnpei FSM 96941

# For Federal Express Mail and DHL Mail Courier, please use the following address format:

FSM National Government Department of Justice Division of Immigration & Labor Palikir, Pohnpei FSM 96941 Phone: (691) 320-5844