APPLICATION FOR A REPUBLIC OF GHANA PASSPORT



For Official	
TRANSACTION NO · use only	SERIAL NO.:
NAME OF APPLICANT:Underline.Surname	
Please read carefully before completing this form.	

Caution - APPLICANTS, GUARANTORS AND WITNESSES ARE TO NOTE THAT THE MAKING OF A FALSE STATEMENT FOR THE PURPOSE OF PROCURING A PASSPORT IS AN OFFENCE UNDER SECTION 15 OF THE PASSPORT AND TRAVEL CERTIFICATE DECREE (NLCD. 155, 1967)

- 1. The application should be submitted with i/ evidence of citizenship and ii/ evidence of identity such as:
 - a. Birth Certificate
 - b. National Identity Card
 - c. Old Passport
 - d. Voter ID Card.
 - e. Dual Citizenship / Naturalization / Registration Certificate
 - f. Proof of name change if by Affidavit or Gazette Publication
- The application should be submitted with four(4) passport size photographs taken full face on a plain background within six months of the date of application without dark glasses or hat. One of the photographs should be certified as a true likeness of the applicant by the witness.
- 3. Police Report and affidavit are to be attached for missing passports.
- 4. This application must be submitted in person by the Applicant to the Regional Immigration Office or any other office authorised to receive such an application and should be witnessed by a person in one of the following categories to whom the applicant is personally known:
 - a. A Senior Clergyman / Woman
 - b. A Commissioned officer of the Armed Forces (Captain and above); or persons of equivalent rank in the security services.
 - ^{C.} A Senior Civil or Public Servant (*Principal Executive Officer and above*).
 - d. A Registered Medical Practitioner.
 - e. A Solicitor or Barrister.
 - f. Head of a recognised Educational Institution.
 - g. Other recognized professionals registered with their respective regulating bodies.
- 5. GUARANTORS: By their undertaking, the Guarantors are deemed to have agreed jointly and severally to pay all expenses that may be incurred by the government on the Applicant in the event of the Applicant being repatriated or dying abroad.

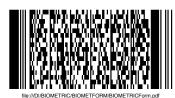
FOR OFFICIAL USE ONLY

I, the undersigned, give an undertaking that this application has been handed over to me by the Applicant in person.

PLEASE AFFIX VENDOR RECEIPT HERE	REGIONAL OFFICE		
	VENDOR'S STAMP	Receipt No	
		Full Name of Receiving Officer	
Please enter application payment PIN	PASSPORT OFFICE STAMP	Signature Date	



Republic of Ghana Passport Application Form Embassy of Ghana Washington DC



PLEASE FILL OUT FORM IN BLOCK LETTERS

APPLICANT'S INFORMATION	<u>v</u>		
Surname:*			
First Name:*			
Middle Name:			
Maiden Name(s):			
Previous Name Changed	l by Affidavit:		
Profession:*	Documentation to support your profession is required.		
Previous Profession:		-	
National ID:			
Nationality:*		Marital Sta	tus:*
Date of Birth(dd/mm/yy)*		Height:(m	.cm)*
Gender:*		Color of E	yes *
Color of Hair:*		Visible Peculiarities:	
Social Security Number:		Voter ID Card No.:	
*Country of Birth:			
*City/Town of Birth:			
Address:			
Country of Residence:*		Zip Code	p:*
Residence Town/City:*			
House No./Street Name:*			
Suburb:		Telephone No	*
Postal Address:*			
E-Mail:			
Current/Last Educational Ins	titution Attended		
Institution:			Month/Year From:
Address:			Month/Year To:



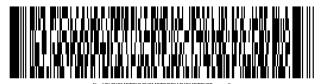


Ghana Passport Application Form

If Answer NO to the Question below, fill in (Names, I fields blank.	Nationality and Home Town only), leave the rest of the
Father Living? Yes No	Mother Living? Yes No
Name:	Name:
Nationality:	Nationality:
Postal Address:	Postal Address
Res. Address:	
Address 2	Res. Address Address 2
Home Town:	Home Town:
Phone No.:	Phone No.:
E-Mail:	E-Mail:
One Grand Parent Living ? Yes	No
Name:	Home Town:
Nationality:	Phone No.:
Postal Address:	E-Mail.:
Residential Address:	
Mandatory Documents to Present - Evidence of Citizer	nship
Birth Certificate National ID Card Old P	assport Voter's ID Card
Dual Citizenship Card Naturalization Card	Registration Card
Document Number D	ate of Issue(dd/mm/yyyy) Place of Issue
Do you have Dual Citizenship ?	if Yes, State other Country
TWO(2) Guarantors Full Name:	Full Name
Occupation:	Occupation:
Postal Address:	Postal Address:
Residential Address:	Residential Address:
Address 2	Address 2
Phone Number:	Phone Number:
E-Mail:	E-Mail:
Signature: Date:	Signature: Date:



DECLARATION BY APPLICANT(Cancel if not applicable)				
I,				
hereby apply for a Ghanaian Passport and declare:				
a. that I have not previously held or applied for a passport of any description				
b. that the previous No. granted me is attached / lost				
And that all the above information is true and correct.				
Applicant's Signature Date(dd/mm/yyyy)				
Parents/Legal Guardian Consent For Applicant Under 18 Years of Age				
Relationship:				
Full Name:				
Address:				
Telephone: Date:(dd/mm/yy)				
For Persons Completing This Form On Behalf of Applicants Who Cannot Read or Write English				
Language of Applicant:				
Full Name:				
Address:				
Telephone: Date:(dd/mm/yy)				
Witness:				
Full Name:				
Occupation: Position:				
Business Address:				
Business Phone No.: Res. Phone No.				
Residential Address:				
Signature: Date:				



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