

APPLICATION FOR A CERTIFICATE OF IDENTITY

It is essential to complete this form accurately.
(Please print clearly)

Attach original birth certificate and if applicable marriage certificate, deed poll, adoption papers together with 3 Passport Photographs 3.5 cm x 4.5 cm Black and White or Colour of applicant one of which to be certified by the Witnessing Officer viz: "I certify that this photograph is a true likeness of

Mr

1. Applicant's Surname : Miss

Mrs

Forenames :

Otherwise known as :

2. Full name of Father (surname) (forenames)

3. Honours or Decorations to be included with name in passport (if any):

4. Applicant's full Residential Address Correspondence address (if Different)

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Phone : Residence Phone : Business

5. Birth Place :
City Town Village Country

6. Date of Birth :
Day Month Year

7. Marital Status : Single : Married : Widowed : Divorced :

8. Personal Height : Colour of Eyes : Colour of Hair :

Visible Distinguishing Marks:

9. Work or Occupation :

10. I request that my child (ren) under the age of 16 who *does/do not possess a passport in *his/her/their own right, and who are listed below be included in my passport. The consent of the other parent or guardian is indicated below.

Surname	Forenames	Date of Birth	City/Town Village and Country of Birth	Sex

If more than three children are to be included in the passport, attach a separate sheet giving details as above.

CONSENT OF OTHER PARENT OR LEGAL GUARDIAN : I (forenames)

(surname).....the Father/Mother/Legal Guardian hereby give my consent to the child (ren) listed above being included in the applicant's passport. (Note if consent of legal guardian, documentary evidence of guardianship must be enclosed).

Signed : Date :

Witness's signature : Date :
Specimen Signature Left Thumb Print

Note : You must complete the Certificate overleaf.

*delete where inapplicable



11. IF PREVIOUS PASSPORT OR TRAVEL DOCUMENT HAS BEEN LOST/MUTILATED ATTACH STATUTORY DECLARATION REGARDING LOSS OR MUTILATION, ALSO ATTACH POLICE REPORT, SIX PHOTOGRAPHS AND NEWSPAPER ADVERTISEMENT REGARDING LOSS.
12. IF THIS APPLICATION IS BY A PERSON UNDER 16 YEARS OF AGE, THE FOLLOWING SECTION MUST BE COMPLETED.

We, the Parent/Legal guardian of the applicant (forenames)
 (surname) agree to the issue of a passport valid for all countries for the applicant.

Name of father : Signature :

Name of mother : Signature :

Legal Guardian : Signature :

Date of Signature : Full Address :

CERTIFICATE

13. I certify that the above particulars are correct, that I am a citizen of Fiji and that I am not a citizen or national of any other country. I certify that I possess no passport or travel document (other than that attached to this application or declared lost as in attached Statutory Declaration and that I have made no other application for a Passport or Travel Document (since the passport or travel document No. : was issued to me).

Applicant's signature :
 Date of signature :/...../.....
 City/Town/Village :
 Country :
 Method of Collection : *Personal Collection/Post to :

WITNESSED : I confirm that I have known the applicant foryears and that he/she signed the above certificate before me and he/she fully understood its contents

Full name of witness (forenames)
 (surname)
 Position Held
 Witness's full address:

 Signature :
 Date :

FOR OFFICIAL USE ONLY

The applicant : Fiji born : Registered : Naturalised :
 Documents submitted :
 Birth Certificate No. : Marriage Cert. No. :
 Other Certificates (specify)

CARDING OFFICER : CA/NC/CCBF
 Signature of Carding Officer
 Signature of Passport Officer
 Date :
 Fees Paid :
 Revenue Receipt No. :
 Date :
 Cashier :

CHECKED AND APPROVED
 Signed : Date :
 Comments :

