



Republic of the Marshall Islands

OFFICE OF THE ATTORNEY GENERAL

P.O. Box 890

Majuro, Marshall Islands 96960

Tel. # (692) 625-3244 / 8245* Fax # (692) 625-5218

E-mail: agoffice@ntamar.net

Instructions to Complete Passport Application

Attached to this Memorandum are the passport application, consent and release form, and the new schedule of passport fees required for the processing and issuance of a Marshall Islands passport. All applications must be duly authenticated and attached with the consent and release form if one lacks his/her certificate of live birth. Furthermore, application for student must be attached with proof of school enrollment. Also the following:

- 2 passport photos (2x2) on WHITE BACKGROUND. Please write name of applicant at the back of each photo
- Provide copies of the old passport and I-94
- Money order in the application amount payable to the **Secretary of Finance**. PLEASE DO NOT SEND CASH.
- A postmarked prepaid envelop with a return address

Application and any other inquiries must be addressed and sent to the following address:

Office of the Attorney General
PO Box 890
Majuro, Republic of the Marshall Islands 96960
Tel: (692) 625-3244/8245
Fax: (692) 625-5218
Email: agoffice@ntamar.net

NEW SCHEDULE OF PASSPORT FEES EFFECTIVE AUGUST 27, 2003

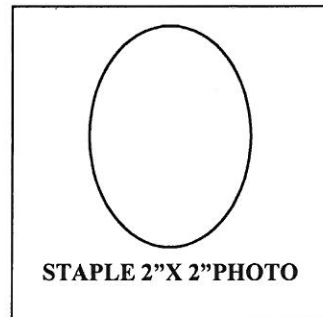
A.	NEW PASSPORT BOOK / RENEWAL	\$50.00
B.	CHILDREN UNDER 12YRS. OLD	\$35.00
C.	STUDENTS	\$35.00
D.	EXTENSION	\$30.00
E.	REPLACEMENT / NOT EXPIRED PASSPORT	\$100.00



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** Single Married
 Divorced**4. SEX** Male Female**5. PLACE OF BIRTH**Atoll or Island _____ Country _____**6. DATE OF BIRTH**Month _____ Day _____ Year _____**7. SOCIAL SECURITY NUMBER**_____**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 _____ Yes No**18. MOTHER'S FULL MAIDEN NAME****20. BIRTH PLACE****21. BIRTH DATE****22. RMI CITIZEN**_____Atoll or Island _____ Country _____Month _____ Day _____ Year _____ Yes No**23. HAVE YOU EVER BEEN MARRIED****24. DATE OF MOST RECENT MARRIAGE****25. SPOUSE'S or FORMER SPOUSE'S FULL NAME**YES NO 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. _____**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**Month _____ Day _____ Year _____ Submitted Stolen
 Lost 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 Drive's License Passport Other (specify) _____
Date Issue _____ Expiration Date _____ Place of Issue _____
Name: _____ I.D. No. _____**29. Mother's Identifying Documents** Drive's License Passport Other (specify) _____
Date Issue _____ Expiration Date _____ Place of Issue _____
Name: _____ I.D. No. _____**Applicant's Signature***14 years and older***Date****Parent's/Legal Guardian's Signature***Under 14 years old***Date****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: _____
 Others
 Seen & Returned:
 Attached:**31. FEE****EXEC****EF****Others**

CONSENT AND RELEASE FORM

_____ Date

TO WHOM IT MAY CONCERN:

I _____ (the deponent) being of sound mind do hereby give my full and legal consent to the Attorney General or his authorized officer to obtain a copy of my birth certificate from the responsible Authority at the Ministry of Internal Affairs: the Registrar-General of Births, Death and Marriages.

This authorization is given only for the purpose of proving my citizenship in order for the Divisions of Citizenship and Passport at the Office of the Attorney General to process my application for a Marshall Islands passport. I am currently living outside the Republic of the Marshall Islands and am unable to travel to the RMI to obtain a copy of my birth Certificate personally.

I also hereby authorize the Office of the Attorney General to keep a copy of my Birth Certificate for their records, and to send the original copy to me at my current address:

_____ Street

_____ State

_____ Zip

_____ Country

I understand, accept and hereby add the fee of US\$1.00 to the passport fee as payment to the Secretary of Finance for their costs in obtaining my Birth Certificate.

Dated: _____

_____ Deponent's Signature

Subscribed and sworn to before me on the _____ day of _____, _____.

Notary Seal

_____ Notary Public