



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
2. 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

Please enter application payment PIN	VENDOR'S STAMP	Receipt No.....
	PASSPORT OFFICE STAMP	Remarks..... Full Name of Receiving Officer..... Signature..... Date.....



**Republic of Ghana
Passport Application Form
Embassy of Ghana Washington DC**

**PLEASE FILL OUT FORM IN BLOCK LETTERS
APPLICANT'S INFORMATION**

Surname:* <input style="width:90%;" type="text"/>	
First Name:* <input style="width:90%;" type="text"/>	
Middle Name: <input style="width:90%;" type="text"/>	
Maiden Name(s): <input style="width:90%;" type="text"/>	
Previous Name Changed by Affidavit: <input style="width:90%;" type="text"/>	
Profession:* <input style="width:30%;" type="text"/>	<i>Documentation to support your profession is required.</i>
Previous Profession: <input style="width:90%;" type="text"/>	
National ID: <input style="width:90%;" type="text"/>	
Nationality:* <input style="width:25%;" type="text"/>	Marital Status:* <input style="width:20%;" type="text"/>
Date of Birth(dd/mm/yy)* <input style="width:25%;" type="text"/>	Height:(m.cm)* <input style="width:20%;" type="text"/>
Gender:* <input style="width:25%;" type="text"/>	Color of Eyes * <input style="width:20%;" type="text"/>
Color of Hair:* <input style="width:25%;" type="text"/>	Visible Peculiarities: <input style="width:20%;" type="text"/>
Social Security Number: <input style="width:25%;" type="text"/>	Voter ID Card No.: <input style="width:20%;" type="text"/>
*Country of Birth: <input style="width:90%;" type="text"/>	
*City/Town of Birth: <input style="width:90%;" type="text"/>	

Address:

Country of Residence:* <input style="width:25%;" type="text"/>	Zip Code:* <input style="width:20%;" type="text"/>
Residence Town/City:* <input style="width:90%;" type="text"/>	
House No./Street Name:* <input style="width:90%;" type="text"/>	
Suburb: <input style="width:25%;" type="text"/>	Telephone No.: <input style="width:20%;" type="text"/>
Postal Address:* <input style="width:90%;" type="text"/>	
E-Mail: <input style="width:90%;" type="text"/>	

Current/Last Educational Institution Attended

Institution: <input style="width:40%;" type="text"/>	Month/Year From: <input style="width:15%;" type="text"/>
Address: <input style="width:40%;" type="text"/>	Month/Year To: <input style="width:15%;" type="text"/>



If Answer NO to the Question below, fill in (Names, Nationality and Home Town only), leave the rest of the fields blank.

Father Living ? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: <input type="text"/> Nationality: <input type="text"/> Postal Address: <input type="text"/> Res. Address: <input type="text"/> Address 2: <input type="text"/> Home Town: <input type="text"/> Phone No.: <input type="text"/> E-Mail: <input type="text"/>	Mother Living ? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: <input type="text"/> Nationality: <input type="text"/> Postal Address: <input type="text"/> Res. Address: <input type="text"/> Address 2: <input type="text"/> Home Town: <input type="text"/> Phone No.: <input type="text"/> E-Mail: <input type="text"/>
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One Grand Parent Living ? Yes No

Name: Home Town:
Nationality: Phone No.:
Postal Address: E-Mail:
Residential Address:

Mandatory Documents to Present - Evidence of Citizenship

Birth Certificate National ID Card Old Passport Voter's ID Card
Dual Citizenship Card Naturalization Card Registration Card

Document Number	Date of Issue(dd/mm/yyyy)	Place of Issue
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have Dual Citizenship ? if Yes, State other Country

TWO(2) Guarantors

Full Name: <input type="text"/> Occupation: <input type="text"/> Postal Address: <input type="text"/> Residential Address: <input type="text"/> Address 2: <input type="text"/> Phone Number: <input type="text"/> E-Mail: <input type="text"/> Signature: <input type="text"/> Date: <input type="text"/>	Full Name: <input type="text"/> Occupation: <input type="text"/> Postal Address: <input type="text"/> Residential Address: <input type="text"/> Address 2: <input type="text"/> Phone Number: <input type="text"/> E-Mail: <input type="text"/> Signature: <input type="text"/> Date: <input type="text"/>
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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:

PRINT