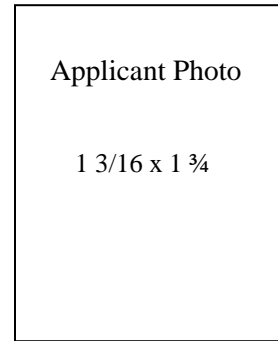


FSM PASSPORT APPLICATION FORM

Applicant must complete this form and forward it to the Division of Immigration & Labor, Department of Justice, FSM National Government, Palikir, Pohnpei FM 96941

<p><b>FOR OFFICIAL USE ONLY</b></p> <p>Document Issued On: _____</p> <p>Issuing Official: _____</p>
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**PLEASE FOLLOW INSTRUCTIONS**

Type of Passport:  Ordinary  Official  Diplomatic

**Applicant Information**

Name: \_\_\_\_\_  
Last Name
Middle Initial
First Name

Other Names You Have Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender  Miss  Mrs.  Ms.  Mr.

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 or FSM passport?  Yes  No

If yes, country of issuance, date issued and passport number \_\_\_\_\_

Basis of FSM citizen:  Birth  Naturalization  Other means (Provide prove)

**Father Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Is your father FSM citizen?  Yes  No

If no what nationality: \_\_\_\_\_

**Mother Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Is your mother FSM citizen?  Yes  No

If no what nationality: \_\_\_\_\_

← Signature of Applicant Required (*Do not sign in the box for infant and adult who cannot Sign*)  
 Please sign within the box. Signature must not touch box border lines.

Signature of parent or guardian if applicant under age 14 or unable to sign application. \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ NOTARY PUBLIC SEAL

I hereby certify that I have reviewed the application and found to be complete and I am satisfied that the applicant is a citizen of the Federated States of Micronesia, and that he/she does not owe allegiance to any foreign country.

\_\_\_\_\_  
 FSM Immigration Reviewing Officer Date