

1. (a) Surname			
(b) First Name			
(c) Other Names			
2. Maiden Name(s)			
3. If name has changed by Affidavit or Gazette Publication, provide previous name			
4. (a) Date of Birth		(b) Gender	
5. City or Town of Birth			
6. Country of Birth			
7. (a) Height		(b) Color of eyes	
(c) Color of Hair		(d) Visible Peculiarities	
8. Nationality			
9. Do you have Dual Citizenship?			
If yes, state other country			
10. Marital Status			
11. (a) Profession			
(b) Previous Profession			
12. National ID Card No.			
13. Social Security Number			
14. Voter ID Card No.			
15. Country of Residence			
16. Zip / Postal Code			
17. City or Town of Residence			
18. Suburb			
19. House Number and Street			
20. Postal Address			
21. Telephone No.			
22. Email			
23. Current/Last Educational Institution Attended			
(a) Institution			

(b) Address	
-------------	--

(c) Period From/To	TO
--------------------	----

24. EVIDENCE OF CITIZENSHIP

(a) Name of Father	
--------------------	--

Nationality		Living?	
-------------	--	---------	--

Postal Address	
----------------	--

Residential Address	
---------------------	--

Hometown	
----------	--

Phone Number	
--------------	--

Email	
-------	--

(b) Name of Mother	
--------------------	--

Nationality		Living?	
-------------	--	---------	--

Postal Address	
----------------	--

Residential Address	
---------------------	--

Hometown	
----------	--

Phone Number	
--------------	--

Email	
-------	--

(c) Name of one Grand Parent	
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Nationality		Living?	
-------------	--	---------	--

Postal Address	
----------------	--

Residential Address	
---------------------	--

Hometown	
----------	--

Phone Number	
--------------	--

Email	
-------	--

25. Do you have any of the following documents?
--

Birth Certificate - National Identity Card - Old Passport - Voter ID Card - Dual Citizenship Card - Naturalization Card - Registration Card -

Which of the above documents are you attaching?

Document Type		Document Number	
---------------	--	-----------------	--

Date of Issue		Place of Issue	
Applicant Owns Document		Lost or Stolen	

26. Any two living relatives who will act as guarantors and to be contacted in case of emergency.

(a) Full Name	
Residential Address	
Postal Address	
Telephone No.	
Occupation	
Email	

Signature		Date	
------------------	--	-------------	--

(b) Full Name	
Residential Address	
Postal Address	
Telephone No.	
Occupation	
Email	

Signature		Date	
------------------	--	-------------	--

27. DECLARATION BY APPLICANT

I,

herby 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 passport No		granted me is	
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And that all the above information is true and correct

Signature		Date	
------------------	--	-------------	--

28. PARENT / LEGAL GUARDIAN CONSENT FOR APPLICANT UNDER 18 YEARS OF AGE

I hereby give consent for applicant who is my		to hold a passport
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Full Name	
-----------	--

Address	
---------	--

Telephone No.	
---------------	--

Signature		Date	
------------------	--	-------------	--

29. FOR PERSONS COMPLETING THIS FORM ON BEHALF OF APPLICANTS WHO CANNOT READ OR WRITE ENGLISH

The above declaration has been read and interpreted by me in the		language
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to the applicant and he / she understands and accepts

Full Name	
-----------	--

Address	
---------	--

Telephone No.	
---------------	--

Signature		Date	
------------------	--	-------------	--

30. WITNESS

Full Name	
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Occupation	
------------	--

Position	
----------	--

Business Address	
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Business Phone No.	
--------------------	--

Residential Address	
---------------------	--

Residential Phone No.	
-----------------------	--

Signature		Date	
------------------	--	-------------	--