



# 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..... Remarks..... ..... Full Name of Receiving Officer..... ..... Signature..... Date.....
	PASSPORT OFFICE STAMP	



Republic of Ghana  
Passport Application Form  
Embassy of Ghana Washington DC

PLEASE FILL OUT FORM IN BLOCK LETTERS  
APPLICANT'S INFORMATION

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

Address:

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

Current/Last Educational Institution Attended

Institution:	<input type="text"/>	Month/Year From:	<input type="text"/>
Address:	<input type="text"/>	Month/Year To:	<input type="text"/>



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

<b>Father Living ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name:</b> <input style="width:90%;" type="text"/> <b>Nationality:</b> <input style="width:90%;" type="text"/> <b>Postal Address:</b> <input style="width:90%;" type="text"/> <b>Res. Address:</b> <input style="width:90%;" type="text"/> <b>Address 2</b> <input style="width:90%;" type="text"/> <b>Home Town:</b> <input style="width:90%;" type="text"/> <b>Phone No.:</b> <input style="width:90%;" type="text"/> <b>E-Mail:</b> <input style="width:90%;" type="text"/>	<b>Mother Living ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name:</b> <input style="width:90%;" type="text"/> <b>Nationality:</b> <input style="width:90%;" type="text"/> <b>Postal Address:</b> <input style="width:90%;" type="text"/> <b>Res. Address:</b> <input style="width:90%;" type="text"/> <b>Address 2</b> <input style="width:90%;" type="text"/> <b>Home Town:</b> <input style="width:90%;" type="text"/> <b>Phone No.:</b> <input style="width:90%;" type="text"/> <b>E-Mail:</b> <input style="width:90%;" 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 style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

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

**TWO(2) Guarantors**

<b>Full Name:</b> <input style="width:90%;" type="text"/> <b>Occupation:</b> <input style="width:90%;" type="text"/> <b>Postal Address:</b> <input style="width:90%;" type="text"/> <b>Residential Address:</b> <input style="width:90%;" type="text"/> <b>Address 2</b> <input style="width:90%;" type="text"/> <b>Phone Number:</b> <input style="width:90%;" type="text"/> <b>E-Mail:</b> <input style="width:90%;" type="text"/> <b>Signature:</b> <input style="width:150px;" type="text"/> <b>Date:</b> <input style="width:100px;" type="text"/>	<b>Full Name</b> <input style="width:90%;" type="text"/> <b>Occupation:</b> <input style="width:90%;" type="text"/> <b>Postal Address:</b> <input style="width:90%;" type="text"/> <b>Residential Address:</b> <input style="width:90%;" type="text"/> <b>Address 2</b> <input style="width:90%;" type="text"/> <b>Phone Number:</b> <input style="width:90%;" type="text"/> <b>E-Mail:</b> <input style="width:90%;" type="text"/> <b>Signature:</b> <input style="width:150px;" type="text"/> <b>Date:</b> <input style="width:100px;" 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: