

**Republic of Ghana
Passport Application Forms
Ghana Travel Consult**



PLEASE FILL OUT FORM IN BLOCK LETTERS

DO NOT MAIL THIS FORM TO GHANA EMBASSY

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

Address:

Country of Residence:*	Zip Code:*
Residence Town/City:*	
House No./Street Name:*	
Town:*	Telephone No.:*
Postal Address:*	
E-Mail:	

Current/Last Educational Institution Attended

Institution:	Month/Year From:	
Address:	Month/Year To:	

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

<p>Father Living ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name: _____</p> <p>Nationality: _____</p> <p>Postal Address: _____</p> <p>Res. Address: _____</p> <p>Address 2 _____</p> <p>Home Town: _____</p> <p>Phone No.: _____</p> <p>E-Mail: _____</p>	<p>Mother Living ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name: _____</p> <p>Nationality: _____</p> <p>Postal Address: _____</p> <p>Res. Address: _____</p> <p>Address 2 _____</p> <p>Home Town: _____</p> <p>Phone No.: _____</p> <p>E-Mail: _____</p>
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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											
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border-bottom: 1px solid black;"> </td> <td style="width:10%; border-bottom: 1px solid black;"> </td> <td style="width:10%; border-bottom: 1px solid black;"> </td> <td style="width:10%; border-bottom: 1px solid black;"> </td> <td style="width:10%; border-bottom: 1px solid black;"> </td> <td style="width:10%; border-bottom: 1px solid black;"> </td> <td style="width:10%; border-bottom: 1px solid black;"> </td> <td style="width:10%; border-bottom: 1px solid black;"> </td> <td style="width:10%; border-bottom: 1px solid black;"> </td> <td style="width:10%; border-bottom: 1px solid black;"> </td> <td style="width:10%; border-bottom: 1px solid black;"> </td> </tr> </table>													

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

<p>TWO(2) Guarantors</p> <p>Full Name: _____</p> <p>Occupation: _____</p> <p>Postal Address: _____</p> <p>Residential Address: _____</p> <p>Address 2 _____</p> <p>Phone Number: _____</p> <p>E-Mail: _____</p> <p>Signature: Date: </p>	<p>ONE(1)</p> <p>Full Name _____</p> <p>Occupation: _____</p> <p>Postal Address: _____</p> <p>Residential Address: _____</p> <p>Address 2 _____</p> <p>Phone Number: _____</p> <p>E-Mail: _____</p> <p>Signature: Date: </p>
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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: _____