

APS 2 E

SECTION 8 DECLARATION BY APPLICANT (See Note 8)

I declare that I am an Irish citizen, that the particulars in this application are correct and that the accompanying certificates and photographs relate to me.

Normal signature of applicant

If the applicant is unable to sign, a parent/guardian should sign here

Signature lines for applicant and parent/guardian.

Note that you may be requested to attend in person to confirm your details.

SECTION 9 CERTIFICATE OF IDENTITY (See Note 9)

Note to Witness: Do not certify unless satisfied as to the identity of the applicant. You may be contacted to confirm the validity of your signature.

This section should be completed by a member of one of the following professions, who is not a relative: Garda Síochána/Police Officer, Member of Clergy, Medical Doctor, Lawyer, Bank Manager/Assistant Manager, Public Representative, Notary Public/Commissioner for Oaths, Peace Commissioner, School Principal/Vice Principal or Accountant.

I certify that I have satisfied myself as to the identity of the applicant who has signed Section 8 above in my presence. I also certify that the photographs (on the back of one of which I have signed my name and entered the form number below) supplied with this application are a true likeness of the applicant.

Witness Official Stamp

Signature of Witness

Form Number (endorse this number on reverse of one photograph)

DO NOT STAMP REVERSE OF PHOTOS

Form fields for Name, Profession, Date, Business Address, Address Line 2, Address Line 3, and Phone.

Checklist

- Have you enclosed? Have you? The fee, 2 photos, Birth cert, Marriage cert, Completed Section 6, Had Section 7, Signed Section 8, Had Section 9 completed.

Official Use Only

Reserved For Official Use

Reserved For Official Use

ÉIRE



IRELAND

PASSPORT APPLICATION FORM

Please complete this form in BLOCK LETTERS using black ink. Write within the boxes and do not mark or strike through other areas of the form. Please read the explanatory leaflet before completing the form.

SECTION 1 TYPE OF PASSPORT REQUIRED (See Note 1)

Passport Service, Payment Method, Mastercard, Visa, Laser, American Express, Expiry Date.

Name on Card

Card Number

Please charge my credit/debit card with € Signature of Cardholder

If the fee entered on this form is found to be incorrect we will charge your credit/debit card the correct fee for the service requested.

SECTION 2 APPLICANT DETAILS (See Note 2)

A Name To Appear On Passport (See Note 2.1)

Surname, Forenames (1), (2)

B Name On Birth Certificate (See Note 2.2)

This Section must be completed in all cases, failure to do so may delay the issue of your passport.

Surname, Forenames (1), (2), (3), (4)

If the name to appear on the passport is different from your birth certificate name, do you also wish to have your birth certificate name recorded on your passport? Yes No

C Date of Birth, Gender, Your PPSN

Birth Surname of Mother

SECTION 3 CITIZENSHIP (See Note 3)

County of Birth (or Country if born abroad)

Please indicate the citizenship category to which you belong.

- A Born in Ireland B Born abroad to a parent born in Ireland Please enclose original birth and marriage certificates, if applicable, of the parent born in Ireland.

Details of Parent Born in Ireland

Birth Surname

Birth Forename, Date of Birth

County of Birth

C Naturalisation, Foreign Birth Registration, Post Nuptial, Born abroad & adopted under Irish Law by an Irish citizen

Enclose originals of all certificates

SECTION 4 PERSONAL INFORMATION (See Note 4)

Name and Postal Address to which passport will be sent

Name

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Daytime Phone Other Phone

Email address

Home Address, if different from above

Address Line 1

Address Line 2

Address Line 3

Address Line 4

SECTION 5 PREVIOUS IRISH PASSPORT (See Note 5)

Were you ever issued with an Irish Passport? Yes No Previous Passport No.

If yes, submit your most recent Irish passport for cancellation and enter the passport number across.

If you are not in possession of this passport, please complete Section 6 and have it witnessed by a Police Officer.

SECTION 6 STATEMENT OF LOSS (See Note 6)

If your most recent passport was lost or stolen fill in this section and have it signed by a Police Officer or attach an acknowledgement from the local police that the loss/theft was reported.

1. My passport was Lost Stolen Other (Give details)

2. Where and when was your passport lost/stolen?

3. What efforts have you made to recover it?

4. Have you ever lost a previous passport(s)? If so, give full details and state if the passport(s) was/were found/recovered.

I undertake to return my missing passport to the appropriate authority, if found.
I declare that the information given in this statement is correct in all respects.

Signature of Applicant

Signature of Police Officer

STATION STAMP

SECTION 7 CONSENT OF PARENTS OR GUARDIANS (See Note 7)

If you are under 18 years of age you must (unless you are married) have the consent of your parents or guardians.

Note to Parent(s)/Guardian(s):
 (i) Please read Note 7 before completing this section.
 (ii) Your signatures must be witnessed by one of the following persons who is not a relative:
 Garda Síochána/Police Officer, Member of Clergy, Medical Doctor, Lawyer, Bank Manager/Assistant Manager, Public Representative, Notary Public/Commissioner for Oaths, Peace Commissioner, School Principal/Vice Principal or Accountant.

We, the undersigned, consent to a passport being issued to the minor named across.

Applicant Name

Father/Guardian		Mother/Guardian
<input type="text"/>	Signature of Parent/Guardian	<input type="text"/>
<input type="text"/>	Name of Parent/Guardian (BLOCK CAPITALS)	<input type="text"/>
<input type="text"/>	Address Line 1	<input type="text"/>
<input type="text"/>	Address Line 2	<input type="text"/>
<input type="text"/>	Address Line 3	<input type="text"/>
<input type="text"/>	Daytime Phone	<input type="text"/>

Note to Witness(es): Parent(s)/Guardian(s) must sign in your presence and must be personally known to you or identified to you by someone known to you who is not related to them. You may be contacted to confirm the validity of your signature.

<input type="text"/>	* Signature of Witness	<input type="text"/>
<input type="text"/>	Date	<input type="text"/>
<input type="text"/>	Name of Witness (BLOCK CAPITALS)	<input type="text"/>
<input type="text"/>	Profession	<input type="text"/>
<input type="text"/>	Professional Address Line 1	<input type="text"/>
<input type="text"/>	Address Line 2	<input type="text"/>
<input type="text"/>	Address Line 3	<input type="text"/>
<input type="text"/>	Daytime Phone	<input type="text"/>
<input type="text"/>	Witness Official Stamp	<input type="text"/>
<input type="text"/>	Witness Official Stamp	<input type="text"/>

* If the same person witnesses both signatures, he/she must sign each column separately.