



## APPLICATION FOR A REPUBLIC OF AQUITAINE PASSPORT

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

### FOR INFORMATION, QUESTIONS, AND INQUIRIES:

Please visit our website at [RepublicofAquitaine.com](http://RepublicofAquitaine.com)

**FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM, MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR THE DENIAL OF YOUR APPLICATION.**

#### WHAT TO SUBMIT WITH THIS FORM:

1. **PROOF OF IDENTITY** (You must submit a scanned copy of the front and back side with your passport application.)
2. **RECENT DIGITAL COLOR PHOTOGRAPH** (Photograph must meet passport requirements – full front view of the face and 2x2" size.)
3. **FEES** (Please visit our website for current fees.)

**PROOF OF IDENTITY:** You may submit SCANNED items such as the following containing your signature AND a photograph that is a good likeness of you: previous or current passport book; previous or current passport card; driver's license (not temporary or learner's license); Certificate of Naturalization; Certificate of Citizenship; military identification; or federal, state, or municipal government employee identification card. Temporary or altered documents are not acceptable.

**RECENT COLOR PHOTOGRAPH:** Submit a digital color photograph of you alone, sufficiently recent to be a good likeness of you (taken within the last six months), and 2x2 inches in size. The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of your face, with a plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Headphones, "bluetooth", or similar devices must **not** be worn in passport photographs. Any photographs retouched so that your appearance is changed are unacceptable.

### ACTS OR CONDITIONS

(If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, the portion which applies should be lined out, and a supplementary explanatory statement under oath (or affirmation) by the applicant should be attached and made a part of this application.)

**I have not been convicted for a federal or state drug offense or convicted for "sex tourism" crimes statute and I am not the subject of an outstanding federal, state or local warrant of arrest for a felony; a criminal court order; a subpoena received in a matter involving federal prosecution for, or grand jury investigation of, a felony.**

### **WARNING:**

False statements made knowingly and willfully in passport applications, including affidavits or other documents submitted to support this application, are subject to verification. Any material misstatements are cause for rejection of the application and the loss of any and all fees paid. No representation is made that the Republic of Aquitaine passports can be used for identification, travel, customs, immigration, border crossings or any other use.

# APPLICATION FOR A REPUBLIC OF AQUITAINE PASSPORT

Please Print Legibly Using Black Ink Only

Attention: Read WARNING on page 1 of instructions

Please select the document(s) for which you are applying:

Citizen Passport

Noble Passport

This passport is **not** valid for international travel. For more information see page 1 of instructions.



1. Name Last

First

Middle

2. Date of Birth (mm/dd/yyyy)

3. Sex

M

F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.)

5. Email Address (e.g. my\_email@domain.com)

6. Primary Contact Phone Number

7. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

Address Line 2: Clearly label Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g. In Care Of - Jane Doe, Apt# 100)

City

State

Zip Code

Country, if outside the United States

8. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A.

B.

9. Parental Information

Mother/Father/Parent - First & Middle Name

Last Name (at Parent's Birth)

Date of Birth (mm/dd/yyyy)

Place of Birth

Sex

U.S. Citizen?

Male

Yes

Female

No

Mother/Father/Parent - First & Middle Name

Last Name (at Parent's Birth)

Date of Birth (mm/dd/yyyy)

Place of Birth

Sex

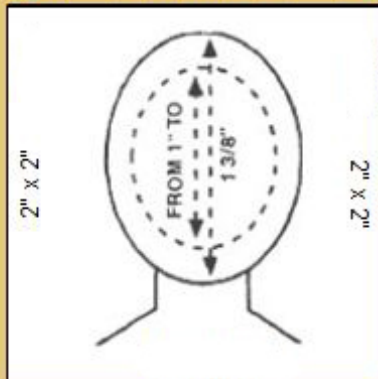
U.S. Citizen?

Male

Yes

Female

No



**CONTINUE TO PAGE 2**

**SIGN APPLICATION**

I declare under penalty of perjury all of the following: 1) I have not performed any of the acts listed under Acts or Conditions on the page one of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.

x \_\_\_\_\_  
Applicant's Legal Signature - age 16 and older

x \_\_\_\_\_  
Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

x \_\_\_\_\_  
Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)

Driver's License Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_ Place of Issue \_\_\_\_\_

Passport \_\_\_\_\_

Military Name \_\_\_\_\_

Other \_\_\_\_\_ ID No \_\_\_\_\_

Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)

Driver's License Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_ Place of Issue \_\_\_\_\_

Passport \_\_\_\_\_

Military Name \_\_\_\_\_

Other \_\_\_\_\_ ID No \_\_\_\_\_

Facility ID Number

Agent ID Number

For Issuing Office Only → Bk \_\_\_\_\_ Card \_\_\_\_\_ Execution \_\_\_\_\_ EF \_\_\_\_\_ Postage \_\_\_\_\_ Other \_\_\_\_\_

Name of Applicant (Last, First & Middle)

Date of Birth (mm/dd/yyyy)

11. Height

12. Hair Color

13. Eye Color

14. Occupation (if age 16 or older)

15. Employer or School (if applicable)

16. Additional Contact Phone Numbers

Home  Cell  
 Work

Home  Cell  
 Work

17. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.

Street/RFD# or URB (No P.O. Box)

Apartment/Unit

City

Country

State

Zip Code

18. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.

Name

Address: Street/RFD# or P.O. Box

Apartment/Unit

City

State

Zip Code

Country

Relationship

19. Have you ever been married?  Yes  No If yes, complete the remaining items

Full Name of Current Spouse or Most Recent Spouse

Date of Birth (mm/dd/yyyy)

Place of Birth

U.S. Citizen?

Yes  No

Date of Marriage  
(mm/dd/yyyy)

Have you ever been widowed or divorced?

Yes  
 No

Date (mm/dd/yyyy)

20. Comments/Instructions

**PLEASE DO NOT WRITE BELOW THIS LINE**

**FOR ISSUING OFFICE ONLY**

Sole Parent

Name as it appears on citizenship evidence

Birth Certificate SR CR City Filed: Issued:

Report of Birth 240 545 1350 Filed/City:

Nat. / Citiz. Cert. Date/Place Acquired: A#

Passport C/R S/R Per PIERS #/DOI:

Other:

Attached:

P/C of ID  DS-3053  DS-64  Bio Quest  Citiz W/S  DS-10  DS-86  DS-71  DS-60



\* DS 11 C 12 2010 2 \*