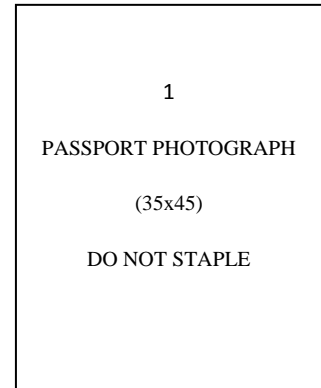


THE STATE OF ERITREA
DEP'T OF IMMIGRATION & NATIONALITY
APPLICATION FOR A LAISSEZ-PASSER
The application form could also be used for underage

PLEASE USE CAPITAL LETTERS



2. NAME _____

2.1 FATHER'S NAME _____

2.2 G/FATHER'S NAME _____

2.3 BIRTH PLACE: _____

2.4 BIRTH DATE: _____ / _____ / _____
DD MM YYYY

2.5 SEX: _____ 2.6 HEIGHT: _____ cm

3. ERITREAN ID No. _____

4. ERITREAN PASSPORT No. _____ TYPE: NORMAL SERVICE DIPLOMATIC ALIEN

5. PERMANENT ADDRESS: _____ HOME PHONE _____

CITY _____ CELL PHONE _____

STATE _____ ZIP CODE _____ FAX _____

COUNTRY _____ EMAIL _____

6. I DECLARE THAT THE INFORMATION GIVEN ABOVE TO BE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

6.1 APPLICANT'S SIGNATURE

6.2 DATE _____ / _____ / _____
DD MM YYYY

(PLEASE SIGN INSIDE THE BOX WITHOUT CROSSING THE LINES)

