

EMBASSY OF ERITREA



1708 New Hampshire avenue. NW
Washington, DC. 20009

Tel: (202) 319-1991 Fax: (202) 319-1304

REPORT OF LOST PASSPORT

1. Full Name _____ Sex _____

2. Former Name (if any) _____

3. Eritrean ID # _____ 3.1 Place and Date of Issue _____

4. Place of Birth _____ 4.1 Country of Birth _____

5. Date of Birth: Day _____ Month _____ Year _____

6. Mother's Name _____

7. Address _____ 7.1 Telephone _____ (home)
street
_____ 7.2 Telephone _____ (work)
city/state/zip

8. Lost Passport No. _____ 8.1 Valid until: _____

8.2 Date of issue _____ 8.3 Place of issue _____

8.4 Date/Place of renewal (if any) _____

9. Date/Port of Arrival in USA _____

10. Date/Place of Lost of Passport _____

11. Circumstances of Loss of Passport _____

Date: _____ CITY: _____ SIGNATURE: _____

REQUIREMENTS:

1. TWO SIDE PASSPORT FORM.
2. 4 PASSPORT SIZE PHOTO
3. COPY OF GREEN CARD AND ERITREAN ID BOTH SIDES(IF AVAILABLE).
4. COPY OF LOST ERITREAN PASSPORT (IF AVAILABLE).
5. ATTACH LOCAL POLICE REPORT.
6. PAYMENT OF 2% TAX (1992-PRESENT) AND DEFENCE CONTRIBUTIONS.
7. REPLACEMENT FEE \$190.00 FOR ADULT AND \$75.00 FOR UDER AGE.
8. FEE MUST BE **MONEY ORDER PAYABLE TO : EMBASSY OF ERITREA.**
9. SELF ADRESSED ENVELOPE WITH EXPRESS OR PRIORITY STAMP FOR RETURN.