



EMBASSY OF ERITREA

**1708 NEW HAMPSHIRE AVE., NW
WASHINGTON, DC 20009**

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

Two
Photos

Application for Laissez – Passer

Full Name: (as in Official Document) _____
Former Name: (as in Eritrean ID) _____ Nationality _____
Eritrean ID. # _____ Date of Birth: _____ Place of Birth _____
Province: _____ Country: _____ Tel: _____

Address (In America): _____
City State Zip Code

Name of person traveling in the same document: _____

Height _____
Color of eyes _____
Color of Hair _____
Special Marks _____

ምክንያት መገኘት (Purpose of Travel)

I declare that the above information is correct and complete to the best of my knowledge.

City: _____ Date: _____ Signature: _____

FOR OFFICIAL USE

Action Taken _____
Laissez Passer No. _____ Date of Issue: _____ Date of Expiration: _____
Signature: _____
Payment Stamp: _____