



**EMBASSY OF ERITREA**  
 1708 NEW HAMPSHIRE AVE. NW  
 WASHINGTON DC, 20009  
 Tel. (202) 319-1991, Fax:(202)319-1304

ONE  
 PHOTO

**APPLICATION FOR PASSPORT RENEWAL**

1. FULL NAME \_\_\_\_\_ 2. ERITREAN ID NO. \_\_\_\_\_

3. SEX \_\_\_\_ 4. DATE AND PLACE OF BIRTH: \_\_\_\_\_

5. DATE OF ENTRY TO THE USA \_\_\_\_\_ 6. OCCUPATION: \_\_\_\_\_

7. PASSPORT # \_\_\_\_\_ 8. DATE OF ISSUE \_\_\_\_\_ 9. DATE OF EXPIRATION \_\_\_\_\_  
Day/Month/Year Day/ Month/Year

10. MAILING ADDRESS \_\_\_\_\_ 11. TEL. NO. \_\_\_\_\_  
(IN USA) Street City State, Zip Code

**I CERTIFY THAT THE INFORMATION FURNISHED HEREIN IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

PLACE: \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**REQUIREMENTS:**

1. ONE PASSPORT SIZE PHOTO AND PASSPORT
2. COPY OF US VISA OR GREEN CARD (BOTH SIDES)
3. COPY OF ERITREAN ID IF ISSUED OUTSIDE OF USA (BOTH SIDES)
4. PAYMENT OF 2% TAX (1992-PRESENT) AND DEFENCE CONTRIBUTIONS (1998-2000)
5. RENEWAL FEE: ADULTS: \$75.00 FOR 5 YEARS  
 UNDER AGE: \$40.00 FOR 5 YEARS
6. PLEASE INCLUDE SELF ADDRESSED ENVELOPE WITH ONE OF THE FOLLOWING STAMPS)  
 PRIORITY MAIL  
 EXPRESS MAIL OR  
 FEDERAL EXPRESS ACCOUNT NUMBER
7. MAKE PAYABLE TO THE EMBASSY OF ERITREA  
 (ONLY COMPANY CHECK OR MONEY ORDER ACCEPTED)
8. PROCESSING TIME: 7 BUSINESS DAYS

**FOR CONSULAR USE ONLY**

REF.NO. \_\_\_\_\_ REN. DATE \_\_\_\_\_ PAYMENT STAMP:

REMARKS: \_\_\_\_\_