Embassy of Eritrea
1708 New Hampshire Ave. NW
Washington, DC 20009
Tel: (202) 319-1991, Fax:(202)319-1304

Photo

APLICATION FOR ID REPLACEMENT

1. FULL NAME:_____ _____ _____ ER ID #_____
FIRST **FATHER'S NAME** **G RANDFATHER'S NAME**

2. FORMER'S NAME: _____ _____ _____
FIRST **FATHER'S NAME** **GRAND FATHER'S NAME**

3. FULL MOTHER' NAME : _____ _____ _____

4. DATE OF BIRTH: _____5. PLACE OF BIRTH_____6. PLACE OF ORIGN_____
(VILLAGE/TOWN)

7. PLACE OF ISSUE:_____ _____ _____ _____ 8. DATE OF ISSUE: _____
CITY **ZOBA** **MEMHDAR** **COUNTRY**

9. MAILING ADDRESS: _____ _____ _____ _____ 10. TELE:_____
(IN USA) **CITY** **STATE** **ZIP CODE**

11. Reason:_____

Date:_____ CITY:_____ SIGNATURE: _____

REQUIREMENTS:

1. TWO PASSPORT SIZE PHOTO.
2. COPY OF ERITREAN ID BOTH SIDES (IF AVAILABLE).
3. PAYMENT OF 2% TAX (1992-PRESENT) AND DEFENCE CONTRIBUTIONS.
4. REPLACEMENT FEE $**80 MONEY ORDER PAYABLE TO : EMBASSY OF ERITREA.**
5. SELF ADRESSED ENVELOPE WITH STAMP FOR RETURN.

FOR CONSULAR USE ONLY

REF_____ ID# _____ DATE OF REP. _____PAYMENT STAMP:

REMARKS:_____

Form 02/2007