

APPLICATION FOR PASSPORT REGISTRATION

SEE INSTRUCTIONS-- TYPE OR PRINT IN INK IN WHITE AREAS

SUBMIT TWO RECENT IDENTICAL

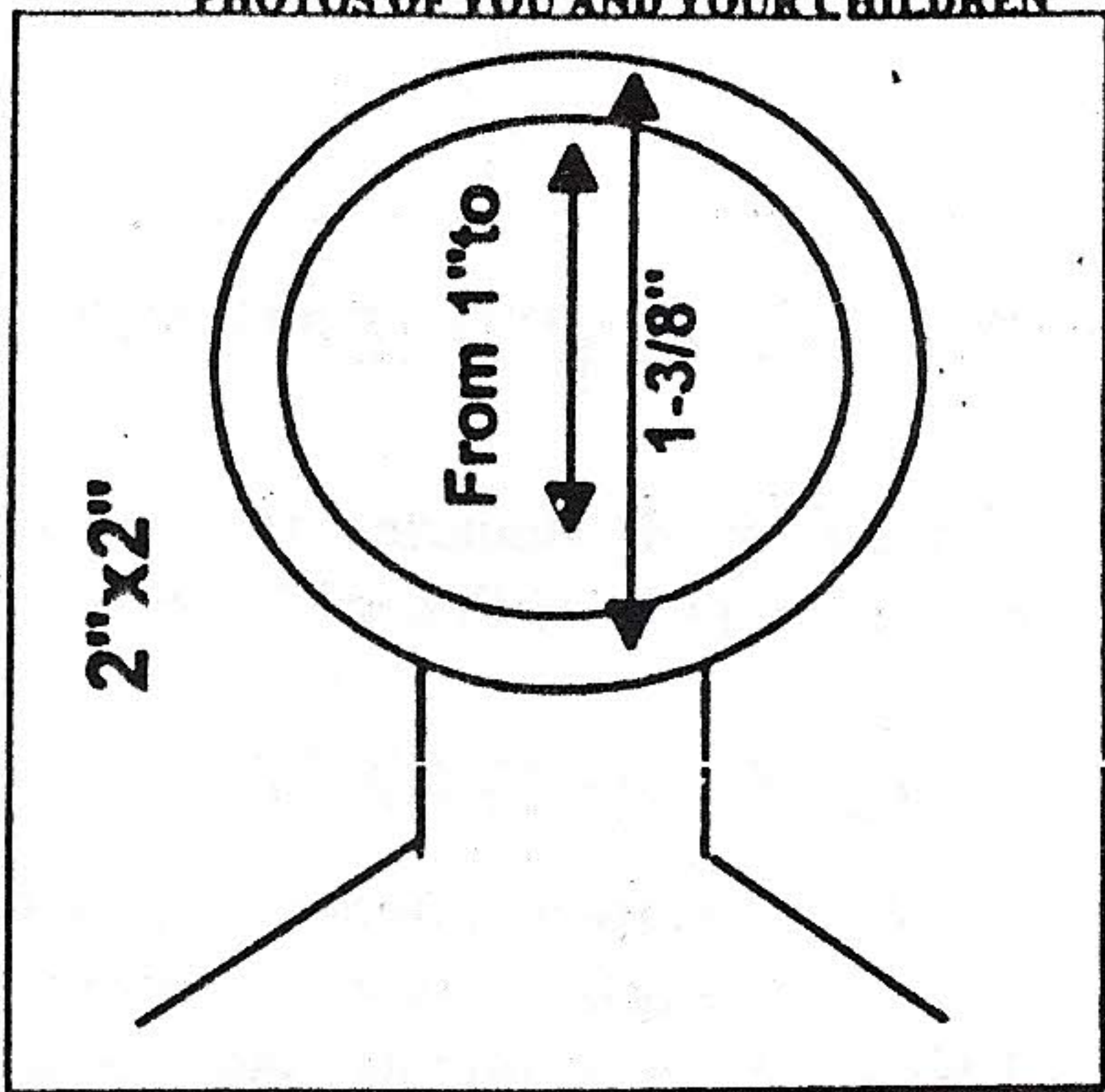
PHOTOS OF YOU AND YOUR CHILDREN

1. NAME First Name Middle Name

Last Name	Nuwaubian Moorish Name
-----------	------------------------

2. MAILING ADDRESS

Street
City, State
Zip Code
Country
In Care Of



3. SEX 4. PLACE OF BIRTH City, State Or Province, Country 5. DATE OF BIRTH 6. SOCIAL SECURITY NO.

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Nationality: <input type="checkbox"/> Moor <input type="checkbox"/> Arab	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> Other	Mo.	Day	Year

7. Height Feet   Inches	8. Color Of Hair	9. Color Of Eyes	10. (Area Code) Home Phone 	11. (Area Code) Store Phone 
----------------------------	------------------	------------------	--------------------------------	---------------------------------

12. PERMANENT ADDRESS (Street, City, ZIP Code)	13. OCCUPATION
--	----------------

14. FATHER'S NAME BIRTHPLACE BIRTH DATE 16. CHILDREN'S NAME BIRTHDATE

15. MOTHER'S MAIDEN NAME BIRTHPLACE BIRTHDATE

17. Have You Ever Been Married? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Of Most Recent Marriage
Widowed/Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mo. <input type="checkbox"/> <input type="checkbox"/> Day <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/>
Spouse's Full Birth Name	Spouse's Birthplace

18. IN CASE OF EMERGENCY, NOTIFY (Person Not Traveling With You) FULL NAME NOT MANDATORY ADDRESS	RELATIONSHIP (Area Code) PHONE NUMBER 
---	--

20. Do not sign application unless requested to do so by person administering oath  
I have not, since acquiring a membership in the united nuwaubian nation of moors, performed any of the "acts or conditions" on the reverse of this applicati  
from (unless explanatory statement is attached). I solemnly swear (or affirm) that the statements made on this application are true and the photograph attach  
is a true likeness of me and my children who are under the age of 13.

Subscribed and sworn to (affirmed) before the central tabernacle attendant	(SEAL) X
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mo Day Year	(Sign In Presence Of Person Authorized To Accept Application)

(Signature of person authorized to accept application) Central tabernacle at which your application was applied

21. APPLICANT'S IDENTIFYING DOCUMENTS <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER'S <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mo Day Year LICENSE (SPECIFY)	Central Tabernacle Store Address: City, State, Zip Code
---	--

22. FOR ISSUING TABERNACLE USE ONLY (Applicant's evidence of citizenship) <input type="checkbox"/> Birth Cert. <input type="checkbox"/> Green Card <input type="checkbox"/> Passport Bearer's Name: <input type="checkbox"/> Report Of Birth <input type="checkbox"/> Naturalization/U.S. Citizenship Cert. No.: <input type="checkbox"/> Foreign Passport <input type="checkbox"/> Other: <input type="checkbox"/> Attached	APPLICATION APPROVAL EXAMINER NAME TABERNACLE, DATE
---	---

23. FEE EXECUTION POSTAL	(SEE INSTRUCTIONS ON REVERSE SIDE)
--------------------------	------------------------------------