

THIS IS THE APPLICATION ~ PRINT THIS PAGE!!!

PLEASE ALLOW 4-6 WEEKS TO PROCESS. INTERNATIONAL ORDERS TAKE 6-8 WEEKS. THANK YOU FOR YOUR PATIENCE.



Form CR-AppCit-2A
STAFF USE ONLY: ****

Passport # _____
EXP. DATE ___/___/___

IMPORTANT INSTRUCTIONS:

- **FEE MUST BE PAID IN U.S. FUNDS (U.S. DOLLARS ONLY!)** (No Personal Checks)
- **For orders within the USA/Canada:** Remit **\$100.00 US** for each passport (Shipping included)
- **For Orders outside of the United States:** Remit **\$118.00 US** per passport by International Money Order in U.S. Funds . (Shipping by Registered mail is included in this price.)
- Make payment out to **"Passport Control"** and send application and payment to:
THE CONCH REPUBLIC
OFFICE OF THE SECRETARY GENERAL
P.O. Box 1154
KEY WEST, FL - US 33040

IMPORTANT NOTE: Applicant must attach a Notarized Copy of applicant's passport or other Official Identification from country of residence. APPLICATION CAN NOT BE PROCESSED WITHOUT THIS NOTARIZED DOCUMENTATION!

You must include 3 - photos suitable for cropping to passport size, a completed application form and payment for each passport ordered.

(Please Print or Type clearly - Be sure to sign your application and the Oath!)

Name of applicant: First	Middle	Last/Family
-----------------------------	--------	-------------

Street Address, Unit #, Suite, etc.			
-------------------------------------	--	--	--

City	State	Country	ZIPCODE
------	-------	---------	---------

Daytime phone	Email Address
---------------	---------------

Date of Birth (dd/mm/yyyy)	Place of Birth
----------------------------	----------------

Sex(M/F)	Eye color	Hair color	Height	Weight
----------	-----------	------------	--------	--------

Distinguishing marks (Tattoos, Scars, Piercings, etc.)

APPLICANT AFFIDAVIT

The undersigned applicant for citizenship in the Conch Republic solemnly swears that they have never been convicted of a Serious Crime involving life or property, and that they are of good character.

Signature of applicant _____ Date ___/___/___

<h2>Credit Card Authorization</h2> <h3>For US and Canadian Payment Only</h3>
--

Shipping address and Billing address must be the same!

This information must be included if you are paying by
Credit Card. Passports will only be shipped to the Credit
Card Billing Address

Only Visa / MasterCard are accepted at this time.

(Card Type-Circle One: Visa / Mastercard)

Card Holder Name as on Card

Card Number

Exp. Date (mm/yy)

Phone Number of Cardholder

CVV code

Billing Address for Credit Card (For AVS Verification)

Name

Address

City

State

Zipcode

*I authorize Conch Republic Passport Control to charge the herein listed credit card
my credit card for the amount indicated in this application.*

Signature of Card Holder

Date: (dd/mm/yyyy)

*Cardholder must sign above on Credit card purchases. Credit Cards will be accepted
on US & Canadian Orders Only.*

**Your Passport will be issued by, the Office of the Secretary General.
Please allow 4-6 weeks for processing.**

[Home](#) | [The Official Conch Republic Store On-line](#) | [Office Of The Secretary General](#)
[Our History](#) | [Passports](#) | [Independence Celebration](#) | [The Capitol](#) | [Conch-tact Us](#)

All content ©1996-2016 The Secretary General of the Conch Republic
This site maintained by [Key West Web Services](#)