



Form 11

REPUBLIC OF THE MARSHALL ISLANDS
DIVISION OF IMMIGRATION - MINISTRY OF JUSTICE
P.O. BOX 890
MAJURO, MARSHALL ISLANDS 96960



No _____

Date Submitted _____

NON-CITIZEN REGISTRATION RECORDS

New

Renewal

COMPLETE ALL ITEMS - PRINT IN BLOCK LETTERS OR USE TYPEWRITTER

(1) FULL NAME (Last Name)	(First)	Middle	(2) Sex
(3) Citizenship:	(4) Country of Birth:	(5) Date of Birth: (Month) (Day) (Year)	
(6) Passport Number:	(7) Passport Issued At:	(8) Passport Issue Date::	(9) Passport Expiry Date:
(10) Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated	(11) Social Security Number (If any)		
(12) PERMANENT HOME ADDRESS: (City or Town)		(State or Province)	(Country)
(13) ADDRESS IN THE MARSHALL ISLANDS (Village)		(Islands)	Telephone Number
(14)(A) Name of Employer, if to be employed. (B) If not to be employed, how are you going to support yourself?		(15) Address of Employer or Person who will support you:	
(16) How long have you resided in the RMI? (Months)s or (Year)		(17) When did you first arrive in the RMI? (Month-Day-Year)	
(18) Port Entered the Marshall Islands:		(19) Means of Arrival: (Name of Vessel, or Airline Flight Number)	
(20) Have you been registering every year since you arrived?:		(21) If you have not been registering, why?:	
(22) Have you ever been convicted of any crime outside the RMI?:		(23) Have you ever been convicted of any crime in the RMI?:	

I CERTIFY THAT ALL INFORMATION GIVEN HERIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

SIGNATURE(if under 14 years old, signature of parents or guardian required)

DATE

FOR IMMIGRATION OFFICIAL USE ONLY

PHOTO

Signature of Immigration Director

Date