FORM 1

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

PLEASE TYPE OR PRINT IN INK AND ANSWER ALL QUESTIONS.

VISA APPLICATION

***Complete all sections**

***Specify answers**

***Avoid using White-out**

***Sign your own form**

APPLICATION: ☐ New ☐ Renewal | **TYPE OF VISA YOU ARE APPLYING FOR:**

(1) Family Name	(2) First or Given Names	(3) Previous or Alternative Names
(4) Particulars of Birth (Town/Province)	(5) Country	(6) Email address

(7) Sex ☐Female ☐ Male	(8) Date of Birth	(9) Marital Status ☐ Married ☐ Divorced ☐ Never Married ☐ Widowed ☐ Separated	(10) Occupation	(11) Present Citizenship

(11) Full Local Residential Address FULL POSTAL ADDRESS (IF DIFFERENT)	Telephone #

(12) Passport Details (#)	Place of Issue	Date of Issue Mo/Day/Yr	Valid Until Mo/Day/Yr

(13) Purpose of Intended visit to the Republic of the Marshall Is:

Holiday - Intended Address.....

Business - Address of Business contact and telephone number.....

Visit Relatives - Name, Address and relationship.....

Other-Explain.....

Residence in the Republic of the Marshall Islands..... YES ☐ NO ☐

(14) Requested Length of Stay	(15) Proposed Dates of: Month/..Dav../Year (A) Arrival in the Marshall Islands (B) Departure for the Marshall Island

(16) Have you or has anyone included in the Application ever applied for a Visa or travelled to the Republic of the Marshall Islands?

☐ YES ☐ NO IF "YES", provide details.

(17) Particulars of Accompanying Children included in My Passport None

Full Name	Son / Daughter	Country of Birth	Date of Birth	Citizenship

(18) (Answer with "Yes" or "No") Have you or has any Member of your Family included in this Application-

☐ Suffered from any dangerous contagious disease such as tuberculosis? **If "Yes", provide details here.**
☐ Suffered from any mental illness **If "Yes", provide details here.**
☐ Been convicted of a criminal offence in any country? **If "Yes", provide details here.**
☐ Been deported from any country? **If "Yes", provide details here.**

IF "YES" TO ANY OF THE ABOVE, GIVE DETAILS:

PHOTOGRAPH

(19) DECLARATION NOTE:

If you are unable to complete the following declaration in respect of any matter, you should cross out the item in question and the declaration as amended. You should then submit with the application a statement outlining the reasons why you were unable to declare in respect of the deleted item.

DECLARE THAT:

- I have sufficient funds to support myself and all dependent members of my family during the period of the visit.
- I and my accompanying dependent family members will, if granted visitors visas, travel to the Republic of the Marshall Is. on fully paid return tickets for travel to a destination beyond the Republic of the Marshall Islands; will produce these tickets on arrival and will retain them while in the Republic.
- I and my accompanying dependent family members WILL NOT SEEK AUTHORITY TO SETTLE IN THE RMI AND WILL LEAVE AT OR BEFORE THE END OF THE AUTHORIZED VISIT PERIOD.
- I and my accompanying dependent family members WILL NOT UNDERTAKE EMPLOYMENT OR ANY FORMAL STUDIES WHILE IN THE RMI.
- I FURTHER DECLARE THAT ALL QUESTIONS HAVE BEEN ANSWERED AND THE PARTICULARS PROVIDED BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY.

_____
(SIGNATURE) Month Day Year

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DECISION	INTERVIEW	ENTRY	PERIOD OF STAY	VALIDITY
☐ Approved ☐ Not Approved	☐ YES ☐ NO	☐ Single ☐ Multiple		

☐ V-1	Visitor	Single	3 Months	☐ B-1	Business	Multiple	2 Years
☐ S-1	Student	Multiple	1 Year	☐ T-1	Transit	Single	3 Days
☐ D-1	Diplomatic	Multiple	2 Years	☐ R-1	Resident	Multiple	5 Years
☐ G-1	General	Multiple	2 Years	☐ E-1	Work	Multiple	2 Years

VISA NUMBER	VISA CATEGORY
DATE OF ISSUE	AUTHORIZED OFFICIAL

Tel: (692) 625-8633 **Email: immigration@rmi.gov.mh**

2025 **Clear Form**