



# PASSPORT APPLICATION FORM



## FIJI MISSION YOUTH MINISTRIES of the Seventh-day Adventist Church

<b>FIJI MISSION YOUTH MINISTRIES of the Seventh-day Adventist Church</b>					
<b>DETAILS OF APPLICANT</b>	TITLE	SURNAME	CHRISTIAN OR GIVEN NAMES		GENDER <b>M/F</b>
<b>PLACE OF BIRTH</b>	TOWN/CITY		<b>DATE OF BIRTH</b>	Day	Month
	COUNTRY		HEIGHT	COLOUR OF EYES	
<b>RESIDENTIAL ADDRESS</b>			HOME PHONE	MOBILE NO.	
<b>PATHFINDER CLUB</b>			CHURCH	SCHOOL	GRADE
<b>POSITION IN CLUB</b>		<b>DIRECTOR</b>		<b>CHAPLAIN</b>	
		<b>DEPUTY DIRECTOR</b>		<b>INSTRUCTOR</b>	
		<b>COUNSELLOR</b>		<b>PATHFINDER</b>	
		<b>JUNIOR COUNSELLOR</b>		SPECIFY OTHER OFFICE	
Enclosed is my Pathfinder Passport fee of _____ (cash) Cheques made payable to Youth Ministries, Fiji Mission _____ (cheque)					
Have you previously had a Pathfinder passport. Yes ___ No ___			Previous Pathfinder Passport Number:		
<b>NEXT OF KIN</b>	NAME		ADDRESS		PHONE CONTACT
	RELATIONSHIP				
<b>CERTIFICATION REGARDING APPLICANT</b> (Parent, Guardian, Director, Deputy Director, District Director, Church Pastor, Elder, etc)					
I hereby declare that I have known .....(full name of applicant) for a period of ..... years. To the best of my knowledge and belief the statements made by the applicant on this form are true, the signature on the application is that of the applicant and the accompanying photograph is that of the applicant.					
NAME ..... SIGNATURE ..... DATE .....					
<b>DECLARATION:</b> I, the undersigned person, making this application, hereby declare that the statements made in this application are true and correct in every detail.					
SIGNATURE ..... DATE .....					
<b>OFFICE USE ONLY</b>					
APPROVED: _____		DATE OF ISSUE: _____		RECEIPT NO. _____	
YOUTH DIRECTOR					