



H. M. Government of Gibraltar

Civil Status & Registration Office

LOCAL IDENTITY CARD

APPLICATION FOR DUPLICATE/RENEWAL

PLEASE COMPLETE IN CAPITAL LETTERS

PLEASE STATE REASONS FOR APPLYING (Loss of Card, Change of Particulars, Renewal, etc.)

SURNAME

FORENAMES

DATE OF BIRTH

EYE COLOUR

NATIONALITY

HEIGHT (CM)

ADDRESS

CONTACT TEL/EMAIL

CHECK THAT THE INFORMATION IS CORRECT BEFORE YOU SIGN. TO GIVE FALSE INFORMATION ON THIS FORM KNOWINGLY OR RECKLESSLY IS AN OFFENCE.

RECENT PHOTOGRAPH

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SIGNATURE

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Please sign within the box

Applications for Persons aged Over 15 must be signed by the Applicant.

Applications for Persons Under 15 must be signed by Parent/Legal Guardian.

Date: _____

PLEASE BRING PASSPORT & CURRENT I.D. CARD IF AVAILABLE

We may pass information on this form (and on the card record that this application relates to) to other government organisations and law enforcement agencies in order to check your application and whenever a card issued as a result of this application is used.

FOR OFFICE USE ONLY:

ISSUE DATE: _____ EXPIRY DATE: _____ B/S NO.: _____