

Filling out forms

Look at how this form has been filled out.

This form is used to get a new passport if your old one has been lost or stolen.

SECTION 1		TYPE OF PASSPORT REQUIRED (See Note 1)										
Passport Service	Standard, 10 year	<input checked="" type="checkbox"/>	Under 3, 3 year	<input checked="" type="checkbox"/>	Over 3, under 18, 5 year	<input checked="" type="checkbox"/>	Over 65, 10 year	<input checked="" type="checkbox"/>	Large, 10 year 66 page	<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>
Payment Method	Passport Express	<input checked="" type="checkbox"/>	Cheque/Bank Draft	<input checked="" type="checkbox"/>	Postal Order/Money Order	<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>				
Mastercard	<input checked="" type="checkbox"/>	Visa	<input checked="" type="checkbox"/>	Laser	<input checked="" type="checkbox"/>	American Express	<input checked="" type="checkbox"/>	Expiry Date	11-10	-	10	Cash should not be sent in the post
Name on Card	ROBERT FOWLER											
Card Number	1234 4567 7898 7654 4AB											
Please charge my credit/debit card with €	080.00											
If the fee entered on this form is found to be incorrect we will charge your credit/debit card the correct fee for the service requested. <div> Signature of Cardholder: Robert Fowler </div>												
SECTION 2		APPLICANT DETAILS (See Note 2)										
A Name To Appear On Passport (See Note 2.1)												
Surname	FOWLER											
Forenames	(1)	ROBERT					(2)	PATRICK				
B Name On Birth Certificate (See Note 2.2)												
This Section must be completed in all cases, failure to do so may delay the issue of your passport.												
Surname	FOWLER											
Forenames	(1)	ROBERT					(2)	PATRICK				
Forenames	(3)						(4)					
If the name to appear on the passport is different from your birth certificate name, do you also wish to have your birth certificate name recorded on your passport? If so, include your birth certificate. (See Note 2.3). <div> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> </div>												
C Date of Birth 05-09-1971 <div> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> </div> Your PPSN 1234567TW												
Birth Surname of Mother	HARRINGTON											
SECTION 3		CITIZENSHIP (See Note 3)										
County of Birth (or Country if born abroad)												
Please indicate the citizenship category to which you belong.												
A	<input checked="" type="checkbox"/>	Born in Ireland										
B	<input checked="" type="checkbox"/>	Born abroad to a parent born in Ireland										
Please enclose original birth and marriage certificates, if applicable, of the parent born in Ireland.												