



Bahamas Consulate General
2970 Clairmont Road
Suite 690
Atlanta, GA 30329
Phone: (404) 214-0492
Email: bahamasconsulatega@bahconga.com

REQUEST FOR RENEWAL OF PASSPORT

APPLICATION FEE: \$5.00

RECEIPT NO: _____

FULL NAME _____
(Please Print) (Family Name, First, Initial)

DATE OF BIRTH _____
(Day, Month, Year)

PRESENT ADDRESS _____

Telephone No. _____

I, the above named passport holder, hereby request a renewal for five years of my Bahamian Passport

No. _____ issued at the Passport Office, Nassau, Bahamas on _____

Applicant's signature _____

FOR OFFICIAL USE

Passport renewed on _____ to expire _____

Signature of Sr. Officer

NB. Only applicants who were eleven (11) years or over when their passports were issued can have their passports renewed for a further five years.