EMBASSY OF THE GABONESE REPUBLIC
TO THE UNITED STATES · WASHINGTON, D.C.

CONSULAR REGISTRATION FORM

IDENTITY

Full name

Given name(s)

Date and place of birth

Other nationality(ies)

Occupation

Marital status

Number of child(ren)

Distinguishing mark(s)

CONTACT DETAILS

Postal address

Tel. / Mobile

E-mail

Person to contact in case of emergency (in the United States and in Gabon)

No. and validity date of the Gabonese passport

Consular card

I want a consular card ☐ I do not want a consular card ☐

PARENTAGE

FATHER

Surname(s) and given name(s)

Nationality

MOTHER

Surname(s) and given name(s)

Nationality

Date of arrival in the United States

I solemnly declare that the information provided above is accurate and complete.

Done at

On

Name and signature

N.B.: attach copies of the first three (03) pages of the Gabonese passport, the Gabonese birth certificate and the Moroccan residence permit / passport, as well as two (02) biometric passport photographs.

EMBASSY OF THE GABONESE REPUBLIC
TO THE UNITED STATES · WASHINGTON, D.C.

CENSUS FORM

Civil status

IDENTITY OF THE REGISTRANT

Full name

Given name(s)

Sex

Nationality(ies)

Date and place of birth

Marital status

Number of child(ren)

POSTAL, TELEPHONE AND E-MAIL DETAILS

Postal address, telephone and e-mail

MAIN OCCUPATIONAL STATUS

Employment

Employee ☐ Self-employed ☐ Self-employed ☐

Field(s) of activity

Qualification(s)

Status

Apprenticeship ☐ Studies ☐ Scholarship holder ☐ Non-scholarship holder ☐

Programme(s)

Type of scholarship

Retirement

Retired ☐ Pre-retired ☐

Former field(s) of activity

Homemaker / other

Housewife ☐ House husband ☐

Other situation(s)

I solemnly declare that the information provided above is accurate and complete.

Done at

On

Signature

EMBASSY OF THE GABONESE REPUBLIC
TO THE UNITED STATES · WASHINGTON, D.C.

APPLICATION FOR A CONSULAR CARD

TYPE OF APPLICATION: ☐ First application ☐ Renewal

APPLICANT'S IDENTITY

Full name

Date of birth

Place of birth

Gabonese nationality

Other nationality(ies)

Occupation

Marital status

☐ Single ☐ Married ☐ Divorced ☐ Widowed

Number of child(ren)

Height (cm)

Distinguishing mark(s)

CONTACT DETAILS

Full postal address

Telephone / Mobile

E-mail

IDENTITY DOCUMENTS

No. and validity dates of the previous consular card (if renewal)

Reason for renewal

☐ Expired ☐ Lost ☐ Stolen ☐ Damaged

No. and date of the identity document (Passport / National ID)

No. and date of the Moroccan residence permit / passport

EMERGENCY CONTACTS

Emergency contact in the United States (Name and telephone contact)

In Gabon (Name and telephone contact)

PARENTAGE

FATHER

Full name

Nationality

MOTHER

Full name

Nationality

APPLICATION FOR A CONSULAR CARD

SUPPORTING DOCUMENTS TO ATTACH TO THE FILE

1. 2 recent biometric passport photographs (passport format)
2. Copy of the Gabonese passport (first 3 pages)
3. Gabonese birth certificate (original or certified true copy)
4. Residence permit of the country of residence (copy)
5. Previous consular card (in case of renewal)
6. Proof of residence in the United States (less than 3 months old)

ADDITIONAL INFORMATION · FOR STUDENTS

If a student, please provide the following information:

Programme / Field of study

Institution (university / school) **City**

Number of years of study (total) **Current year**

Method of financing studies

☐ State scholarship ☐ Private scholarship ☐ Personal / family funds ☐ Other

Details (if other method of financing)

FOR OFFICIAL USE OF THE MISSION

Issued card No. **Date of issue**

Date of expiry **Processing officer**

STAMP

Ambassador's approval

OFFICIAL

EMBASSY OF THE GABONESE REPUBLIC
TO THE UNITED STATES · WASHINGTON, D.C.

CERTIFICATE IN LIEU OF PASSPORT

CIVIL STATUS OF THE HOLDER

Surname

Given name(s)

Date of birth

Place of birth

Nationality

Occupation

Full address

Address (continued if necessary)

DESTINATION AND VALIDITY OF THE DOCUMENT

Travelling to (destination)

This certificate is valid for

As from

Until

VISA AND AUTHENTICATION

PHOTO
35 × 45 mm

Holder's photograph

Done at Washington, D.C., on

THE AMBASSADOR

Signature and stamp

STAMP

CERTIFICATE IN LIEU OF PASSPORT

PHYSICAL CHARACTERISTICS

Height (cm)

Eye colour

Hair colour

Complexion

Build

Distinguishing marks

Distinguishing marks (continued)

ADDITIONAL INFORMATION

Remarks

Remarks (continued)

WARNING

This document is issued on a provisional basis and serves as a passport for a single journey to the indicated destination. It is strictly personal, non-transferable and must be returned to the mission at the end of the stay. Any falsification is punishable by prosecution in accordance with Gabonese law.

Holder's signature

Fingerprint
(right thumb)

Holder's fingerprint

EMBASSY OF THE GABONESE REPUBLIC
TO THE UNITED STATES · WASHINGTON, D.C.

APPLICATION FOR A LAISSEZ-PASSER

APPLICANT'S IDENTITY

Full name

Given name(s)

Date and place of birth

Occupation

Distinguishing mark(s)

Height (cm)

Eye colour

Hair colour

Postal address

Tel. / Mobile

E-mail

Person to contact in case of emergency in the United States and in Gabon (name, relationship, contact details)

Done at

On

Signature

Important

This document allows any Gabonese national residing in or passing through the United States and without a valid passport in course of validity (or having lost it) to leave the territory of residence for Gabon. The laissez-passer, free of charge, is valid for five (05) days and is not renewable.

To be attached (mandatory) : the duly completed and signed form:

1. Booking of the outbound flight to Gabon
2. Copies of the Gabonese passport, the consular card and the Moroccan residence permit / passport
3. Two recent biometric passport photographs
4. A stamped registered envelope bearing the postal address of the recipient

APPLICATION FOR TRANSCRIPTION OF A BIRTH CERTIFICATE

CIVIL STATUS RECORD

Civil registry office

No., date and place of issue of the certificate

Name and title of the civil registrar

THE CHILD

Full name

Sex

Time of birth

Date and place of birth

THE FATHER

Full name

Occupation

Born on

To

Residing at

Province of

Municipality of

Nationality

Customary

Type of identity document

No.

Validity date

Issued by

Tel. / Mobile · E-mail

APPLICATION FOR TRANSCRIPTION OF A BIRTH CERTIFICATE

THE MOTHER

Full name

Occupation | **Born on** | **To**

Residing at | **Province of** | **Municipality of**

Nationality | **Customary**

Type of identity document | **No.** | **Validity date**

Issued by | **Tel. / Mobile · E-mail**

We solemnly declare that the information provided above is accurate and complete.

Done at | **On**

Surname(s) and signature(s) of the parent(s)

Documents to attach (mandatory)

1. Original of the child's foreign birth certificate (it will be returned to you)
2. Acknowledgement of paternity issued by the competent local authorities, or copy of the marriage certificate / family record book (if the parents are legally married)
3. Copies of the identities of both parents (passports and birth certificates)
4. 01 passport photograph of the child

N.B.: the presence of one of the parents is required for signing the registers at the Embassy.

EMBASSY OF THE GABONESE REPUBLIC
TO THE UNITED STATES · WASHINGTON, D.C.

APPLICATION FOR CELEBRATION OF MARRIAGE

THE GROOM-TO-BE

Surname and given name(s)

Occupation | **Residing at**

Born on | **To**

Province of | **Municipality of**

Son of (Father) | **And of (Mother)**

Present nationality | **Nationality at birth (if different)**

Type of identity document | **No.** | **Validity date**

Issued by | **Tel. / Mobile · E-mail**

and

THE BRIDE-TO-BE

Surname and given name(s)

Occupation | **Residing at**

Born on | **To**

Province of | **Municipality of**

Daughter of (Father) | **And of (Mother)**

Present nationality | **Nationality at birth (if different)**

Type of identity document | **No.** | **Validity date**

Issued by | **Tel. / Mobile · E-mail**

N.B.: if there are children born before the marriage, provide copies of the birth certificates of those children.

We solemnly declare that the information provided above is accurate and complete.

Done at **On**

Names and signatures of the future spouses

EMBASSY OF THE GABONESE REPUBLIC
TO THE UNITED STATES · WASHINGTON, D.C.

CERTIFICATE OF MATRIMONIAL REGIME

IDENTITY OF THE DECLARANT (THE GROOM-TO-BE)

Full surname and given name(s)

Occupation

Current residence

Date of birth

Place of birth

Province of origin

Municipality

Son / Daughter of (Father)

And of (Mother)

Present nationality

Nationality at birth (if different)

having initiated marriage proceedings with

IDENTITY OF THE BRIDE-TO-BE

Full surname and given name(s) of the bride-to-be

CHOICE OF MATRIMONIAL REGIME · TICK THE CHOSEN REGIME

☐ **MONOGAMOUS**
Community of property · Separation of property · Community reduced to acquisitions

☐ **POLYGAMOUS**
Separation of property

** Delete as appropriate according to the chosen regime*

In witness whereof this certificate is issued to serve and avail as of right.

Done at

On (date)

Signature of the bride-to-be

Signature of the groom-to-be

EMBASSY OF THE GABONESE REPUBLIC
TO THE UNITED STATES · WASHINGTON, D.C.

WITNESSES' FORM

(One or two per spouse)

WITNESSES OF THE GROOM-TO-BE

First witness

Full name | **Given name(s)**

Date and place of birth | **Occupation**

Marital status | **Relationship with the future spouse**

Postal address

Tel. / Mobile | **E-mail**

Second witness

Full name | **Given name(s)**

Date and place of birth | **Occupation**

Marital status | **Relationship with the future spouse**

Postal address

Tel. / Mobile | **E-mail**

WITNESSES OF THE BRIDE-TO-BE

First witness

Full name | **Given name(s)**

Date and place of birth | **Occupation**

Marital status | **Relationship with the future spouse**

Postal address

Tel. / Mobile

E-mail

Second witness

Full name

Given name(s)

Date and place of birth

Occupation

Marital status

Relationship with the future spouse

Postal address

Tel. / Mobile

E-mail

We solemnly declare that the information provided above is accurate and complete.

Done at

On

Names and signatures of the future spouses

EMBASSY OF THE GABONESE REPUBLIC
TO THE UNITED STATES · WASHINGTON, D.C.

APPLICATION FOR TRANSCRIPTION OF A MARRIAGE CERTIFICATE

CIVIL STATUS RECORD

Civil registry office

No., date and place of issue of the certificate

Name and title of the civil registrar

THE HUSBAND

Full name

Occupation

Born on

Province of

Municipality of

Nationality

Birth certificate No.

Issued on

By

Name, age, occupation and residence of the witness(es)

THE WIFE

Full name

Occupation

Born on

Province of

Municipality of

Nationality

Birth certificate No.

Issued on

By

Name, age, occupation and residence of the witness(es)

Documents to attach (mandatory)

1. Copy of the marriage certificate (from the country of residence)

2. Copies of the identities of both spouses (passports and birth certificates)
3. Copies of the identities of the witnesses of both spouses (passports and birth certificates)
4. Copies of the residence permits of both spouses and their witnesses
5. Photographs and copies of the birth certificates of the spouses' children

N.B.: the presence of both spouses is required for signing the registers at the Embassy.

EMBASSY OF THE GABONESE REPUBLIC
TO THE UNITED STATES · WASHINGTON, D.C.

VISA APPLICATION FORM

All requested information must be provided

1. IDENTITY OF THE APPLICANT

Surname(s)

Maiden name (for married women)

Given name(s)

PHOTO
ID
To affix
35 × 45 mm

Date of birth (DD/MM/YYYY)

Sex (M / F)

Place and country of birth

Nationality of origin

Present nationality

Marital status

- ☐ Married
- ☐ Single
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Cohabitation
- ☐ Other

Number of children

Ref. No. (official use)

Usual residence · mandatory (address, place and mobile phone)

Occupation

2. NATURE AND DURATION OF THE VISA REQUESTED

Date of arrival in Gabon (DD/MM/YYYY)

Date of return (DD/MM/YYYY)

Type of visa

- ☐ Mission
- ☐ Diplomatic
- ☐ Courtesy
- ☐ Tourism
- ☐ Business
- ☐ Transit
- ☐ Other

Transit · country of destination

With a stop of (days)

Length of stay (days)

Or fixed duration

- ☐ 1 month
- ☐ 2 months
- ☐ 3 months

If staying in Gabon

☐ With a private individual ☐ In a hotel ☐ Other

3. PASSPORT DETAILS

Passport No.

Issued at

Issued on (DD/MM/YYYY)

Valid until (DD/MM/YYYY)

4. ADDITIONAL INFORMATION

Detailed purpose of stay

Number of entries requested

☐ Single entry ☐ Two entries ☐ Multiple entries

Have you stayed in Gabon before?

☐ Yes ☐ No

If yes, on what date?

Precise point of entry into Gabon

Address, city and telephone in Gabon during the stay

Business trip: partners (names, addresses), nature and duration of the contract

5. UNDERTAKING AND DECLARATION

Do you undertake not to accept any paid or au pair employment during your stay in Gabon, not to seek to settle there permanently, and to leave Gabonese territory upon expiry of the visa that may be granted to you?

☐ Yes ☐ No

My signature engages my responsibility and exposes me, in addition to the penalties provided by law in the event of a false declaration, to being refused any visa in the future.

Place and date

Applicant's signature

Any non-compliant application will be purely and simply rejected and the file fees will not be refunded.

EMBASSY OF THE GABONESE REPUBLIC

Washington, D.C.

APPLICATION FOR LEGALISATION

AUTHENTICATION · CERTIFIED COPY · APOSTILLE

Type of request ❑ Authentication ❑ Certified copy ❑ Apostille

Apostille or legalisation? It depends on the countries concerned and on their accession to the Hague Convention; the Embassy will tell you which procedure applies to your document.

Applicant's identity

Surname

Given name(s)

Date and place of birth

Nationality

Address in the United States

Telephone

E-mail address

Document(s) presented

Type of document

Issuing authority

Date of issue

Number of copies

Country where the document is to be produced

Documents to be provided

❑ 1. Original public document

❑ 2. Original document bearing the official seal and signature

❑ 3. Copy or copies to be certified, where applicable

❑ 4. Official translation, where applicable

Fee: 25 USD per document (indicative). Payment in cash or by bank transfer at the consular counter.

Declaration

I certify that the information given on this form is accurate and that the documents presented are genuine.

Done at

On

Applicant's name and signature

For official use by the Mission

Registration number

Date processed

Embassy of the Gabonese Republic to the United States of America

2034 20th Street NW, Suite 200, Washington, DC 20009 · Tel: +1 (202) 797-1000 · amba-etats-unis@diplomatie.gouv.ga

Monday to Friday, 9:00 am to 5:00 pm

EMBASSY OF THE GABONESE REPUBLIC

Washington, D.C.

APPLICATION FOR LEGALISATION

AUTHENTICATION · CERTIFIED COPY · APOSTILLE

Visa du chef de poste

Cachet officiel

Embassy of the Gabonese Republic to the United States of America
2034 20th Street NW, Suite 200, Washington, DC 20009 · Tel: +1 (202) 797-1000 · amba-etats-unis@diplomatie.gouv.ga
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EMBASSY OF THE GABONESE REPUBLIC

Washington, D.C.

APPLICATION FOR A NOTARIAL ACT

POWER OF ATTORNEY · CONSENT · WILL

Type of act ❑ Power of attorney ❑ Consent ❑ Will

Acts received in authentic form by the head of mission. The required documents, the fee and the processing times are given by the Consular Service when the file is opened.

Appearing party

Surname

Given name(s)

Date and place of birth

Nationality

Identity document presented

Number

Address in the United States

Telephone

E-mail address

Purpose of the act

Person designated, where applicable (surname, given name, capacity)

Date and place of birth

Nationality

Purpose, scope and duration of the powers or of the consent

Embassy of the Gabonese Republic to the United States of America

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Monday to Friday, 9:00 am to 5:00 pm

EMBASSY OF THE GABONESE REPUBLIC

Washington, D.C.

APPLICATION FOR A NOTARIAL ACT

POWER OF ATTORNEY · CONSENT · WILL

Declaration by the appearing party

I declare that I appear freely, that I have read the content of this act and that I accept its terms. I certify that the information given herein is accurate.

Done at

On

Signature of the appearing party

Witnesses, where applicable

First witness

Surname and given name(s)

Identity document

Second witness

Surname and given name(s)

Identity document

For official use by the Mission

Act number

Date received

Visa du chef de poste

Cachet officiel

EMBASSY OF THE GABONESE REPUBLIC

Washington, D.C.

APPLICATION FOR A CERTIFICATE OF RESIDENCE

CERTIFICATE OF RESIDENCE · CHANGE OF RESIDENCE

Type of request ❑ Certificate of residence ❑ Change of residence

The certificate of change of residence is required in particular for customs clearance of personal effects when moving. The required documents and the fee are given by the Consular Service.

Applicant's identity

Surname

Given name(s)

Date and place of birth

Nationality

Gabonese passport number

Consular card number

Telephone

E-mail address

Residence

Address of residence in the United States

Resident since

Expected date of departure

Destination address

Reason for the change of residence

Members of the household accompanying the applicant

Surname and given name(s)	Relationship	Date of birth

Declaration

I solemnly certify that the information given on this form is accurate.

Done at

On

Name and signature

EMBASSY OF THE GABONESE REPUBLIC

Washington, D.C.

APPLICATION FOR A CERTIFICATE OF RESIDENCE

CERTIFICATE OF RESIDENCE · CHANGE OF RESIDENCE

Visa du chef de poste

Cachet officiel

Embassy of the Gabonese Republic to the United States of America
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EMBASSY OF THE GABONESE REPUBLIC

Washington, D.C.

VOTING BY PROXY

NATIONAL ELECTIONS · VOTERS RESIDING ABROAD

Consular registration is an essential prerequisite, and the voter must appear on the consular electoral roll. Both the principal and the proxy must be entered on that same roll.

The principal — voter granting the proxy

Surname

Given name(s)

Date and place of birth

Consular card number

Address in the United States

Telephone

E-mail address

Consular polling station

The proxy — voter receiving the mandate

Surname

Given name(s)

Date and place of birth

Consular card number

Address in the United States

Telephone

E-mail address

Election concerned

Type of election

Date of the election

Duration of the proxy

❑ One round only ❑ Both rounds ❑ The whole of the current year

Reason for the inability to attend

Declarations

The principal declares that they grant a proxy to the person designated above to vote in their stead at the election indicated. The proxy declares that they accept this mandate and certifies that they are entered on the consular electoral roll.

Done at

On

Signature of the principal

Signature of the proxy

Embassy of the Gabonese Republic to the United States of America

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EMBASSY OF THE GABONESE REPUBLIC

Washington, D.C.

VOTING BY PROXY

NATIONAL ELECTIONS · VOTERS RESIDING ABROAD

For official use by the Mission

Registration number

Date received

Visa du chef de poste

Cachet officiel

Embassy of the Gabonese Republic to the United States of America

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Monday to Friday, 9:00 am to 5:00 pm

EMBASSY OF THE GABONESE REPUBLIC

Washington, D.C.

APPLICATION CONCERNING NATIONALITY

CERTIFICATE · REINSTATEMENT · RENUNCIATION

Type of request ❑ Certificate of nationality ❑ Reinstatement ❑ Renunciation

The application is examined by the competent authorities; the certificate of nationality is issued by the judicial authorities. The Embassy receives the file and guides you.

Applicant's identity

Surname

Given name(s)

Date and place of birth

Sex

Current nationality or nationalities

Nationality applied for or relinquished

Address in the United States

Telephone

E-mail address

Parentage

Father

Surname and given name(s)

Nationality

Date and place of birth

Mother

Surname and given name(s)

Nationality

Date and place of birth

EMBASSY OF THE GABONESE REPUBLIC

Washington, D.C.

APPLICATION CONCERNING NATIONALITY

CERTIFICATE · REINSTATEMENT · RENUNCIATION

Documents to be provided

- ❑ 1. Copy of the birth certificate
- ❑ 2. Gabonese identity document or passport
- ❑ 3. Evidence of a parent's Gabonese nationality
- ❑ 4. Any document establishing the parent-child relationship
- ❑ 5. Evidence of former Gabonese nationality, in the case of reinstatement
- ❑ 6. Documents relating to the loss of nationality, in the case of reinstatement

Statement of the application

Reason for the application

Declaration

I solemnly certify that the information given on this form is accurate and that the enclosed documents are genuine.

Done at

On

Name and signature

For official use by the Mission

File number

Date forwarded

Visa du chef de poste

Cachet officiel

Embassy of the Gabonese Republic to the United States of America
2034 20th Street NW, Suite 200, Washington, DC 20009 · Tel: +1 (202) 797-1000 · amba-etats-unis@diplomatie.gouv.ga
Monday to Friday, 9:00 am to 5:00 pm

EMBASSY OF THE GABONESE REPUBLIC

Washington, D.C.

DECLARATION OF CHOICE OF SURNAME

TRANSCRIPTION OF A BIRTH OR MARRIAGE CERTIFICATE

This declaration accompanies the transcription onto the consular registers of a certificate drawn up abroad. It is signed by both parents where parentage is established with regard to each of them.

Child concerned

Surname shown on the foreign certificate

Given name(s)

Date of birth

Place of birth

Declaring parents

Father

Surname and given name(s)

Date and place of birth

Nationality

Mother

Surname and given name(s)

Date and place of birth

Nationality

Common address, or respective addresses

Surname chosen

The surname given to the child is:

❑ The father's surname ❑ The mother's surname ❑ Both surnames, joined

Surname chosen, written out in full

Order of the surnames, where they are joined

Declaration

We declare that we choose for our child the surname indicated above and certify that the information given on this form is accurate.

Done at

On

Signature of the father

Signature of the mother

Visa du chef de poste

Cachet officiel

EMBASSY OF THE GABONESE REPUBLIC

Washington, D.C.

APPLICATION FOR A NATIONAL IDENTITY CARD

FIRST APPLICATION · RENEWAL · DUPLICATE

Type of request ❑ First application ❑ Renewal ❑ Duplicate

The conditions of issue, the required documents and the fee are given by the Consular Service. Check with the Mission that this procedure is open from your country of residence before assembling your file.

Applicant's identity

Surname

Given name(s)

Date and place of birth

Sex

Recent passport photograph

Marital status

Occupation

Height

Distinguishing marks

Parentage

Father

Surname and given name(s)

Nationality

Mother

Surname and given name(s)

Nationality

Contact details

Address in the United States

Telephone

E-mail address

Gabonese passport number

Consular card number

Number of the previous card, in the case of renewal or duplicate

Declaration

I solemnly certify that the information given on this form is accurate.

Done at

On

EMBASSY OF THE GABONESE REPUBLIC

Washington, D.C.

APPLICATION FOR A NATIONAL IDENTITY CARD

FIRST APPLICATION · RENEWAL · DUPLICATE

Name and signature

For official use by the Mission

File number

Date received

Visa du chef de poste

Cachet officiel

Embassy of the Gabonese Republic to the United States of America

2034 20th Street NW, Suite 200, Washington, DC 20009 · Tel: +1 (202) 797-1000 · amba-etats-unis@diplomatie.gouv.ga

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