

**GUAM ID CARD APPLICATION & REQUIREMENTS**

HOURS OF OPERATION

8:00am To 12:00pm MONDAY THRU FRIDAY CLOSED ON WEEKENDS AND HOLIDAYS

ALL APPLICANTS (new, renew, replacement or name change) must be present for processing **AND** submit a Proof of Residence by providing a Mayor's Certification Dated within the last thirty (30) days (one per applicant) addressed to the Dept. of Revenue and Taxation **AND** submit the following documents.

ALL DOCUMENTS must be Original or Certified copy (not laminated) AND must match as far as the name:

1. U.S. Birth Certificate (must have document number)
2. Valid U.S. Passport
3. Valid Foreign Passport with Valid U.S. Permanent Resident Card (NON-US CITIZENS) (FSM Do Not Require P.R.C.)
4. Certificate of U.S. Citizenship or Certificate of U.S. Naturalization
5. Social Security Administration Account Card (REQUIRED ONLY WHEN NEW)

Minors: (Must be at least ten (10) years of age):

An original or certified copy of the birth certificate (must have document number) is required and must be accompanied by a parent whose name appears on the birth certificate or a Court Appointed Legal Guardian (Original or Certified copy of Legal Guardianship required).

RENEWAL: (*Guam ID Card issued by the Dept. of Revenue and Taxation*) **U.S. Citizens:** must submit expired Guam ID Card; **OR** Document #1; #2 or #4 listed above. **Non-U.S. Citizens** must submit expired Guam ID Card **AND** Document #3 or #4 listed above.

REPLACEMENT: (*Guam ID Card issued by the Dept. of Revenue and Taxation*) must submit one of the documents listed above #1 thru #4.

NAME CHANGE: Shall submit one of the following documents.

1. Marriage Certificate
2. Final Divorce Decree (name must be stipulated)
3. Final Adoption Decree
4. Court Ordered Name Change

FEES: New; Renew; Replacement; and Name Change \$25.00

First Name		Middle Name	Last Name	
Date of Birth (Month/Day/Year)		Social Security Number		Passport/Naturalization Number
Place of Birth (State/Country)	Gender: Male () Female ()		Citizenship: U.S. () If Non-U.S., provide name of country: _____	
	Height: _____	ft. _____ in. _____		
	Weight: _____		Hair Color: _____	Eye Color: _____
Residential Address (House No., Street Name, Village):			Mailing Address (If different from residential address):	
Employer:		Occupation:		Organ Donor: () Yes () No
Home Phone: _____		Work Phone: _____		Cellphone: _____
I declare under penalty of perjury that the foregoing is true and correct and that I am the same person described on this application				
Applicant's signature _____		If Applicant is a minor, parent must sign above _____		Date _____