



Dipåtamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guáhan

FELIX P. CAMACHO, Governor Maga'láhi
MICHAEL W. CRUZ, M.D., Lt. Governor Tiñente Gubetnadora

ARTEMIO B. ILAGAN, Director
Direktot
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Segundo Direktot

GUAM ID CARD REQUIREMENTS

All applicants must be present for processing and must fill out the Guam ID Card Application below and provide the following documents:

ALL APPLICANTS must show their Social Security Card and Proof of Residence by providing a Mayor's Certification (Dated within the last thirty (30) days) addressed to the Dept. of Revenue and Taxation and one of the following documents:

1. Certified U.S. Birth Certificate (Vital Statistics at the Department of Public Health for those born on Guam)
2. Valid U.S. Passport
3. Valid Foreign Passport with U.S. Visa and I-94 Card with Permanent Resident Card
4. Certificate of Naturalization

To replace a lost Guam ID Card issued by the Dept. of Revenue and Taxation, applicant must provide one of the four documents listed above.

For a Name Change, applicant must provide an acceptable valid photo ID card and one of the following certified documents:

1. Marriage Certificate
2. Final Divorce Decree
3. Final Adoption Decree
4. Court Ordered Name Change

For Minors, they must be at least ten (10) years of age and must comply with all the following requirements:

1. Must provide a certified copy of a U.S. Birth Certificate
2. Must be accompanied by a parent whose name is on the birth certificate or a court ordered Legal Guardian (Certified copy of Legal Guardianship papers must be submitted)
3. Must have a Social Security Card

Guam Identification Card Fees: A New ID (First-Time) - \$25.00 Duplicate I.D. (Lost, stolen or damaged) - \$25.00

DRIVER'S LICENSE EXAMINING BRANCH GUAM IDENTIFICATION CARD APPLICATION - Please fill in all information below

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 (In ft. and inches):			
	Weight (In lbs.):	Hair Color:	Eye Color:	
Residential Address (House No., Street Name, Village):		Mailing Address (If different from residential address):		
Occupation/Employer:			Organ Donor? Yes () No ()	
Home Telephone Number:		Business Telephone Number:		
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