

## Embassy of the Republic of South Sudan Washington D. C. - USA

	APPLICATION FOR EMERGENCY TRAVEL DOCUMENT (ETD)					
	DOCUMENT NO.					
	RECEIPT NO					
	PLEASE TYPE OR PRINT YOUR INFORMATION IN THE SPACESES PROVIDED					
1.	SURENAME (LAST NAME):					
2.	FIRST NAME:MIDDLE NAME:					
	HAVE YOU EEVER USED DIFFERENT NAMES IN THE PAST (Y) (N)? IF YES PLEASE PROVIDE MORE INFORMATION BELOW:					
4.	CURRENT NATIONALITY:COUNTRY OF RESIDENCY:					
5.	GENDER: (MALE)AGE:					
6.	DATE OF BIRTH: MM/DD/YYYYYPLACE OF BIRTH:					
	STATE: COUNTY: PAYAM:					
7.	HEIGHT (INC./CM.):COLOUR OF EYES:COLOUR OF HAIR:					
	ANY OTHER DESCRIPTONS OR VISIBLE MARKS (IF ANY):					
9.	DRIVERS LICENSE / STATE IDENTIFICATION NO.:  PLACE OF ISSUE: MM: /DD: /YY:  DATE OF EXPERATION: MM/ DD/ YY					
	DATE OF EXPERATION: MM/ DD/ YY					

. PURPOSE OF YO	UR TRAVEL TO SOU	JTH SUDAN:	
PERIOD OF YOU	R STAY IN SOUTH S	UDAN:	
CITY:	STATE:		ZIP CODE:
THORE NO		E-MAIL:	
ADRESS IN SOUT	H SUDAN:		
REFERENCES AN	D CONTACT INFORM	MATION IN SOUTH	SUDAN.
	D CONTACT INFORM		
a			
a. b.			
abDATE OF DEPART	TUTE:		
a.  b.  DATE OF DEPART  DATE OF ARRIVA	TUTE:		
a. b  DATE OF DEPART  DATE OF ARRIVA  PORT OF ENTRY:	UTE: L IN SOUTH SUDAN	:	
a. b. DATE OF DEPART DATE OF ARRIVA PORT OF ENTRY: MENANS OF TRAV	UTE: L IN SOUTH SUDAN /EL BY: By AIR:	:BY ROAD:	By RIVER:
a b  DATE OF DEPART  DATE OF ARRIVA  PORT OF ENTRY:  MENANS OF TRAV  APPLICANT'S SIGN	TUTE:L IN SOUTH SUDAN  VEL BY: By AIR:  NITURE:	:BY ROAD:	By RIVER:
a b  DATE OF DEPART  DATE OF ARRIVA  PORT OF ENTRY:  MENANS OF TRAV  APPLICANT'S SIGN  DATE: MM/  ADDITIONAL INFO	TUTE: L IN SOUTH SUDAN  VEL BY: By AIR:  NITURE:  DD/_  DRMATION AND LIS	EBY ROAD: YY_ T OF ENCLOSED/A	By RIVER:
a b  DATE OF DEPART  DATE OF ARRIVA  PORT OF ENTRY:  MENANS OF TRAV  APPLICANT'S SIGN  DATE: MM/  ADDITIONAL INFO	TUTE: L IN SOUTH SUDAN  /EL BY: By AIR:  NITURE: DD/	BY ROAD:YYT OF ENCLOSED/A	By RIVER:

## FOR OFFICIAL USE ONLY

1. APPLICATION	N CHECKED B	Y (Full Name, P	Position, and Signature):
2. APPLICANT II	NTERVIEWEI	) BY(Full Name,	Position, an Signature):
			DATIONS TO APPROVE OR DECLINE gnature):
4. APPLICATION	APPROVED /	DECLINED BY	<b>:</b>
			RE:
	DD/	YY/	SIGNITURE:
DATE: MM/			==================================