

Certification of Resident Status

Please complete this form, sign, and attach a copy of a valid driver's license and return it via fax and mail to:

The Honorable Madeleine Z. Bordallo
427 Cannon Building
Washington, D.C. 20515

Tel: 202-225-1188
Fax: 202-226-0341

Applicant's Name: _____
Home Address: _____

Mailing Address: _____

Contact numbers:
Tel: _____ Fax: _____ Other: _____
Driver's License (State/Territory & Number): _____

Please answer the following questions:

1. Are you a legal resident of Guam? Yes _____ No _____
2. Are your parent(s) legal resident(s) of Guam?
Mother Yes _____ No _____
Father Yes _____ No _____
3. Did you file a Guam tax return in the past two years? Yes _____ No _____
4. Are you registered to vote in Guam? Yes _____ No _____
5. Do your parents presently claim you as exemption on their State and/or Local tax returns?
Yes _____ No _____
If yes, complete questions 6-9.
If no, please proceed to page 2.
6. Did your parents file a Guam tax return in the past two years? Yes _____ No _____
7. Are you now, or have you been, a member of the U.S. armed forces stationed in Guam?
Yes _____ No _____
8. At the time of separation did you designate Guam as your intended domicile? Yes _____ No _____
9. Do you have Guam listed as your legal residence in your service entry information?
Yes _____ No _____

IMPORTANT: The Applicant and his/her parents must sign and date this form and return it to the Office of Congresswoman Madeleine Z. Bordallo along with a copy of the Applicant's driver's license or other form of official photo identification such as a passport.

I certify or affirm the statements, facts, dates and information contained in and with this document are true and correct to the best of my knowledge. I also authorize the Office of Madeleine Z. Bordallo to contact any of the agencies or departments related to verifying the information I have provided.

Signature of Applicant

Date

I/We, the parents of _____ Name of Applicant _____ certify and affirm that the statements, facts, dates and information contained in and with this document related to us are true and correct to the best of my/our knowledge. I/We also authorize the Office of Madeleine Z. Bordallo to contact any of the agencies or departments related to verifying the information provided.

Parent's full name (Print)

Parent's full name (Print)

Parent's Signature

Parent's Signature

Date

Date