



Embassy of the United States of America

To: **The Criminal Records Office**
The Fiji Police Force
P.O.Box 239
Suva, Fiji.

Attach Passport
Photo Here

**DO NOT STAPLE
PASSPORT PHOTO
ACROSS FACE**

POLICE CLEARANCE FORM

Consent to Disclosure of Information – Visa Purposes Only

*Surname: _____ *First Name: _____
*Middle Name(s): _____ *Gender: _____
* Any Other Names Used (e.g., Maiden Name): _____
*Date of Birth: _____ *Place of Birth: _____
*Father's Name: _____ *Mother's Name: _____
*Nationality: _____ *Passport No: _____
* Date of Issuance: _____ *Place of Issue: _____
*Current Residential Address: _____
*Last Residential Address: _____
*Any Criminal/Civil Action Pending? Yes/No: _____ * If Yes, State Year(s): _____
*** Which country is this clearance being requested for? If known, please provide the relevant consulate or embassy postal address.**

I, _____ hereby certify and declare that all the information provided above is to the best of my knowledge and I authorize the Police Commissioner to release my police clearance and convictions to the address specified above.

*** Section 23 (1)(a) and (b) and Section 25 (a) and (b) of the Fiji Rehabilitation of Offenders (Irrelevant Convictions) Act, 1997 applies to my request - the question about my criminal record is asked in Fiji but relates to a matter dealt with by the law of a foreign country.**

I consent to and confirm that I am aware that my full criminal record will be released by the Fiji Police Force to the Embassy of the United States as stipulated in Section 23(1) (a) and (b) and Section 25 (a) and (b) of the Fiji Rehabilitation of Offenders (Irrelevant Convictions) Act, 1997.

Applicant's Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Date: _____ Receipt Number: _____ Amount: _____

*Thumb Print

**Denotes a mandatory field **