

PASSPORT APPLICATION

2024

PATHFINDER

SOUTH PACIFIC DIVISION YOUTH DEPARTMENT
of the Seventh-day Adventist Church

PATHFINDER PASSPORT APPLICATION FORM

Details of Applicant:

Firstname: _____

Surname: _____

Sex: M / F Date of Birth : _____ Citizenship: _____

Residential Address: _____

_____ Postcode: _____

Phone number (mobile): _____ (home): _____

Pathfinder Club Name: _____ Local Church: _____

Position in Club: (Please tick)

Director

Deputy Director

Counsellor

Junior Counsellor

Chaplain

Instructor

Pathfinder

Other Office

Photograph
of Pathfinder

*Note: It must be
a clear photo of
their head and
shoulders only.*

Next of Kin:

Name: _____ Relationship to you: _____

Address: _____

Phone number (mobile): _____ (Home): _____

CERTIFICATION REGARDING APPLICANT (Parent, Guardian, Director, Deputy Director):
I hereby declare that I have known _____ for a period of _____
Years. To the best of my knowledge and belief, the statements made by the applicant on
this form are true, the signature on the application is that of the applicant and the accom-
panying photograph is that of the applicant.

Name: _____ Signature: _____ Date: _____

Enclosed in this application is the Pathfinder Fee of \$5.50 for the purchase of a Passport