



LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'HAGA'

JOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGA'LÄHI

GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LINDA UNPINGCO DENORCEY, MPH
DIRECTOR

LAURENT SF DUENAS, MPH, BSN, RN
DEPUTY DIRECTOR

JOSEPHINE T. O'MALLAN
DEPUTY DIRECTOR

DECLARATION OF GUAM RESIDENCY

NAME: _____

CONTACT NO.: _____

I, (NAME) _____ FORMALLY ACKNOWLEDGE THAT I
[CURRENTLY RESIDE/WILL RESIDE] IN GUAM WITH A STREET ADDRESS OF
_____ IN THE VILLAGE OF _____.

I SWEAR AND AFFIRM UNDER PENALTY OF PERJURY THAT THE FACTS SET
FORTH IN THIS STATEMENT ARE TRUE AND ACCURATE.

(Signature of Traveler)

(Date)

WITNESSED BY: _____

Date: _____