



IMMIGRATION CAYMAN ISLANDS

CAYMANIAN STATUS & PERMANENT RESIDENCY BOARD

Application For The Grant Of The Right To Be Caymanian

The completed application should be sent to
The Caymanian Status and Permanent Residency Board
PO Box 1098, Grand Cayman KY1-1102

PLEASE DO NOT LEAVE ANY QUESTION BLANK. IF A QUESTION DOES NOT APPLY TO YOU, INSERT "NOT APPLICABLE" OR "N/A" IN THE SPACE PROVIDED.
Retain a copy of all applications and attachments provided to Immigration.

APPLICATION FORM CONTAINS 16 PAGES

I am making this application on the following grounds: (Select one option only, further guidance may be obtained on the corresponding checklist.)

- Descent** - subsection 2 (CSF)
 Naturalisation - subsection 3 (CSG)
 Marriage - subsection 4 (CSH)
 Surviving Spouse of a Caymanian - subsection 6 (CSI)
 Continuation (After 18)- subsection 9 (CSJ)

PERSONAL DETAILS OF APPLICANT

<input type="text"/>			<input type="text"/>			<input type="text"/>				
1. Surname (Last Name)	First Name(s)			Maiden Name (if applicable)						
2. Nationality	<input type="text"/>			Date of Birth	<input type="text" value="D/MMM/YY"/>	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Country of Birth		<input type="text"/>								
3. Passport number	<input type="text"/>	Date of Issue	<input type="text" value="D/MMM/YY"/>	Place of Issue	<input type="text"/>	Date of Expiry	<input type="text" value="D/MMM/YY"/>			
4. Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Have you ever been divorced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been widowed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. What is your current immigration status?	Work Permit Holder <input type="checkbox"/>	Visitor (new to island) <input type="checkbox"/>	Other <input type="checkbox"/>	Explain	<input type="text"/>					
<input type="text"/>										
6. Physical Address	<input type="text"/>					District	<input type="text"/>			
PO Box & KY	<input type="text"/>	Primary Phone	<input type="text"/>	Secondary Phone	<input type="text"/>					
Do you have e-mail address?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, provide e-mail address	<input type="text"/>					
7. Occupation	<input type="text"/>			Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If Yes, Name of Employer/Business		<input type="text"/>								
Physical Address		<input type="text"/>								
PO Box & KY	<input type="text"/>	Phone	<input type="text"/>							
Email		<input type="text"/>								



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Do not leave any question blank. If a question does not apply to you, insert "NOT APPLICABLE" OR "N/A" in the space provided.
Use separate sheet of paper if necessary.

8. Were any of your parents or grandparents born in the Cayman Islands? Yes No

If Yes, provide their name(s), date(s) of birth and relationship(s) to you

Name	Date of Birth	Relationship
	D/MMM/YY	
	D/MMM/YY	
	D/MMM/YY	

9. List all countries for which you hold passports

10. List all countries of which you are a permanent resident/belonger/landed immigration or are entitled to reside in

11. Do you have a Spouse? Yes No If Yes, provide

Spouse Surname (Last Name)		Spouse First Name(s)		Spouse Maiden Name (if applicable)	
Date of Birth	D/MMM/YY	Spouse Primary Phone			
Date of marriage	D/MMM/YY	Place of marriage	City and Country		
Is your Spouse employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide					
Spouse Occupation					
Spouse Employer					

12. From what date have you been a legally and ordinarily resident in the Cayman Islands? D/MMM/YY Refer to the following definition before answering.

Note: "legal and ordinary residence" is defined in the Immigration Law to mean "a person's uninterrupted voluntary physical presence in the Islands for a period of time without legal impediment (other than a tourist visitor or transit passenger) during which period the Islands are regarded as his normal place of abode for the time being, save that (a) absences abroad of six consecutive months' duration or less for, inter alia, purposes of education, health, vacation or business during such period shall count as residence in the Islands; (b) absences abroad of more than six consecutive months but less than one year shall raise the presumption that there has been a break in residence; and (c) absences abroad for twelve consecutive months or more shall constitute a break in residence."

13. Give details and dates of any employment or occupation and any full time attendance at an educational establishment ON & OFF ISLAND? ONLY WHILST L&O RESIDENCE?:



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Do not leave any question blank. If a question does not apply to you, insert "NOT APPLICABLE" OR "N/A" in the space provided.
Use separate sheet of paper if necessary.

14. List all places you have lived for more than 6 months during the past 10 years, give dates and address. List in descending date order / most recent first.

City	Country	From	To
		D/MMM/YY	D/MMM/YY
		D/MMM/YY	D/MMM/YY
		D/MMM/YY	D/MMM/YY
		D/MMM/YY	D/MMM/YY

15. What is your current annual income (salary + other income)?

What is the source of this income?

16. List your real property owned

Description	Address	Block	Parcel	Sole Ownership?		Percent of Ownership If Jointly Owned?	Purchase Date
				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
				Yes <input type="checkbox"/>	No <input type="checkbox"/>		D/MMM/YY
				Yes <input type="checkbox"/>	No <input type="checkbox"/>		D/MMM/YY
				Yes <input type="checkbox"/>	No <input type="checkbox"/>		D/MMM/YY

17. Do you have any Spouse, Children or other Dependants currently residing in the Cayman Islands? Yes No

If Yes, provide - Name	Date of Birth	Nationality	Relationship
	D/MMM/YY		
	D/MMM/YY		
	D/MMM/YY		

18. Do you have any Spouse, Children or other Dependants NOT currently residing in the Cayman Islands? Yes No

If Yes, provide - Name	Date of Birth	Nationality	Relationship
	D/MMM/YY		
	D/MMM/YY		
	D/MMM/YY		

19. Have you or has any of your dependants ever been convicted of a criminal offence in any country? Yes No If Yes, provide details.

Self or Dependant Name	Nature of offence	Date	Place	Sentence
		D/MMM/YY		
		D/MMM/YY		
		D/MMM/YY		



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Do not leave any question blank. If a question does not apply to you, insert "NOT APPLICABLE" OR "N/A" in the space provided.
Use separate sheet of paper if necessary.

20a. Have you ever been bankrupt? Yes No

b. Have you ever owned shares, equity or rights in a non-public quoted company which went bankrupt or ceased trading without creditors being paid in full? Yes No

c. Have you ever been a director, manager, or officer of a company, partnership or entity which went bankrupt or ceased trading without creditors being paid in full? Yes No

If Yes to 20a, b, or c, provide details. _____

21. Have you ever been actively involved in politics outside the Cayman Islands? Yes No If Yes, provide details.

22. Do you or any member of your household accompanying you suffer from any communicable disease or infirmity of mind or body? Yes No If Yes, provide details.

Self or Household Member Name	Nature of Disease or Infirmity
_____	_____
_____	_____
_____	_____

23. Provide the names of three Caymanians who have agreed to provide a reference for you.

Referee Name	Address
1 _____	_____
2 _____	_____
3 _____	_____

NOTE: A copy of the passport page, birth certificate or other proof that the referee is Caymanian must accompany the reference letter.
You may submit all letters with the application form, or directly to the Caymanian Status and Permanent Residency Board Secretariat.

24. If granted the right to be Caymanian, I intend to occupy myself as follows: _____



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Do not leave any question blank. If a question does not apply to you, insert "NOT APPLICABLE" OR "N/A" in the space provided.
Use separate sheet of paper if necessary.

DETAILS OF AGENT (If applicable)

25 Agency Name []
Agency PO Box & KY []
Contact Name []
Telephone/Cell [] Email Address []

COMPLETE THIS SECTION ONLY IF APPLYING ON THE GROUNDS OF DESCENT

26. Do you have a parent or grandparent who was born in the Cayman Islands? Yes [] No []

If the answer is NO - You are not eligible to make an application for the Right to be Caymanian under this section of the Immigration Law.

27. Through whom do you have a Caymanian connection? Your Mother [] Your Father [] Your Grandmother [] Your Grandfather []

28. What is the name of your Caymanian connection?

Surname (Last Name) [] Given Names (First Names) []

If applying through your father you will need to provide a certified copy of your father's birth certificate and your parents' marriage certificate. If your parents were not married prior to your birth, DNA must be provided to prove the link between applicant and purported father.

If applying through your paternal grandfather you will need to provide the following documentation:

- a) Certified copy of grandparent's marriage certificate*
- b) Certified copy of paternal grandfather's birth certificate
- c) Certified copy of applicant's father's birth certificate

* If your grandparents were not married prior to your father's birth, you must provide DNA for your father and grandfather to prove paternity.

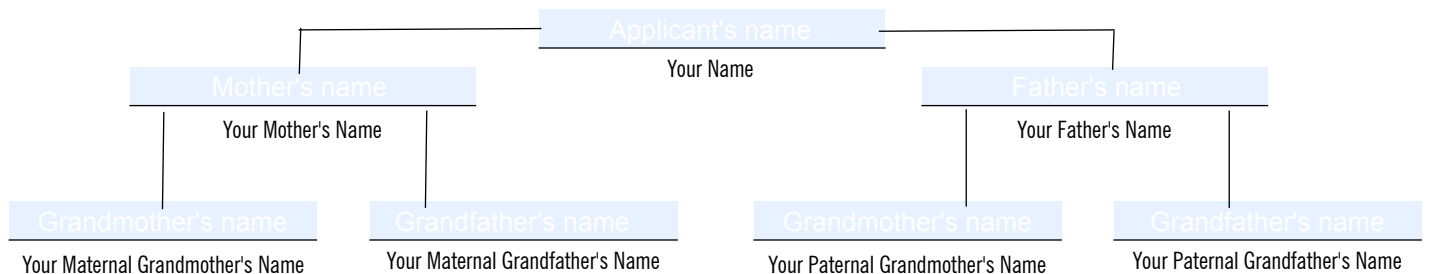
29. Is your Caymanian connection still living? Yes [] No [] If Yes, country of residence []

30. Do you have any relatives who have applied/are also applying or who have been granted the right to be Caymanian on the grounds of descent? Yes [] No []

If Yes, provide the following details for each one of them. Use separate sheet of paper if necessary.

Surname (Last Name) [] Given Name (First Name) []
Date of Birth [D/MMM/YY] Country of Birth [] Gender Male [] Female []

31. Provide your family tree.





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Do not leave any question blank. If a question does not apply to you, insert "NOT APPLICABLE" OR "N/A" in the space provided.
Use separate sheet of paper if necessary.

COMPLETE THIS SECTION FOR YOUR DEPENDANTS (use separate sheet of paper if necessary)

32. (a) Do you have any dependants (spouse, children or others) currently residing on island? Yes No If Yes, provide details

Name	Date of Birth	Nationality	Relationship
	D/MMM/YY		
	D/MMM/YY		
	D/MMM/YY		
	D/MMM/YY		

(b) Do you have any dependants (spouse, children or others) Not currently residing on island? Yes No If Yes, provide details

Name	Date of Birth	Nationality	Relationship	Country of Residence
	D/MMM/YY			
	D/MMM/YY			
	D/MMM/YY			
	D/MMM/YY			

COMPLETE THIS SECTION ONLY IF APPLYING ON THE GROUNDS OF NATURALISATION

33. Date of Naturalisation or Registration as a British Overseas Territories Citizen

34. From what date have you been a legal and ordinary resident in the Cayman Islands?

Note: "legal and ordinary residence" is defined in the Immigration Law as meaning "... a person's uninterrupted voluntary physical presence in the Islands for a period of time without legal impediment (other than a tourist visitor or transit passenger) during which period the Islands are regarded as his normal place of abode for the time being, save that (a) absences abroad of six consecutive months' duration or less for, inter alia, purposes of education, health, vacation or business during such period shall count as residence in the Islands; (b) absences abroad of more than six consecutive months but less than one year shall raise the presumption that there has been a break in residence; and (c) absences abroad for twelve consecutive months or more shall constitute a break in residence."

COMPLETE THIS SECTION ONLY IF APPLYING ON THE GROUNDS OF MARRIAGE

Note: Spouse Name, Date of Birth, Nationality, Place of Marriage, Occupation, and Employer are in Question 11.

33. Are you the lawful spouse of a Caymanian? Yes No Is your marriage stable and intact? Yes No

If the answer is No to either of the above questions, provide detailed explanation.

Three horizontal lines for providing a detailed explanation.

34. Is your spouse Caymanian by birth? Yes No

If No, what date was your spouse granted the right to be Caymanian (formerly Caymanian status), was Acknowledged or granted the continuation of the right to be Caymanian (if applicable).

35. Does your Spouse have an e-mail address? Yes No If Yes, Spouse's Email Address



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Use separate sheet of paper if necessary.

COMPLETE THIS SECTION ONLY IF APPLYING ON THE GROUNDS OF BEING THE SURVIVING SPOUSE OF A CAYMANIAN

36. What was your Spouse's full name?

Surname (Last Name) First Name(s) Maiden Name (if applicable)

Your Spouse's Date of Birth D/MMM/YY Your Spouse's Place of Birth City and Country

Your Spouse's occupation?

Was your marriage still intact at the time of your Spouse's death? Yes [] No []

37. Date of Marriage D/MMM/YY Place of Marriage City and Country

38. Date of Death D/MMM/YY Place of Death City and Country

39. Have you remarried since being widowed? Yes [] No [] If Yes, provide date of most recent marriage D/MMM/YY Attach a certified copy this marriage certificate!

What is the nationality of your new spouse?

COMPLETE THIS SECTION ONLY IF APPLYING FOR CONTINUATION - AFTER 18 YEARS OF AGE

40. Date of Acknowledgement of Cayman Status

41. List dates of enrollment in all schools attended in the last five (5) years immediately preceding date of application.

Table with 4 columns: From, To, Name and Address of school, Were You Enrolled in Full Time Education? (Yes/No)

TO BE COMPLETED BY ALL APPLICANTS

Declaration

I, the above-mentioned person, am hereby applying for the right to be Caymanian by virtue of Section 22 of the Immigration Law, and declare as follows:

- (a) that the information contained in this application is correct to the best of my knowledge and belief; and
(b) that I am aware that it is a criminal offence to make a statement or representation that is false in a material particular which I know to be false or do not believe to be true.

Signature Original Signature Required Agency Signature not acceptable

Date (dd/mmm/yyyy)



IMMIGRATION CAYMAN ISLANDS

CAYMAN ISLANDS IMMIGRATION DEPARTMENT GUIDELINES TO MEDICAL PRACTITIONERS

MEDICAL EXAMINATIONS FORM

1. Medical examinations are required with the initial work permit application. The Medical examinations are valid for three (3) years.
2. Laboratory tests have to be repeated with each medical examination. The Laboratory Reports are valid for six (6) months.
3. Chest X-rays are required with the initial work permit application. Chest Xrays are valid for five (5) years.
4. Laboratory Reports have to be attached for HIV and VDRL tests.
5. Medical practitioners are advised to perform any tests that might be desirable depending on the disease prevalence in the respective countries.
6. The Medical Examinations Form must be signed and stamped or sealed by Physician.
7. The Laboratory Report must be signed and stamped or sealed by Lab Technician or Physician.
8. Immigration reserves the right to require additional medical examinations at any time.

MEDICAL FORM CONTAINS 16 PAGES

PART 1 - QUESTIONNAIRE (to be completed by Applicant)

1. (a) Surname (Last Name) _____ Given Names (First Names) _____ Maiden Name _____

(b) Nationality _____ (c) Country of Birth _____ (d) Date of Birth _____ D/MMM/YY (e) Passport no _____

(f) Gender Male Female (g) Marital Status Married Divorced Separated Widowed Single

2. Have You Ever Had Or Currently Have	Yes	No		Yes	No
(a) Nervous or mental trouble	<input type="checkbox"/>	<input type="checkbox"/>	(i) Eye trouble?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Fits or convulsions?	<input type="checkbox"/>	<input type="checkbox"/>	(j) Any serious operation?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Heart trouble or raised blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	(k) Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Lung tuberculosis, Asthma or hay fever?	<input type="checkbox"/>	<input type="checkbox"/>	(l) Rheumatic Fever?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Contact with a case of tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>	(m) Family history of mental trouble, suicide, fits, any kind of tuberculosis, diabetes or raised blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
(f) Frequent or prolonged indigestion?	<input type="checkbox"/>	<input type="checkbox"/>	(n) Any illness or injury not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>
(g) Malaria, dysentery or any other tropical illness?	<input type="checkbox"/>	<input type="checkbox"/>	(o) A physical defect?	<input type="checkbox"/>	<input type="checkbox"/>
(h) A sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>			

If you have answered Yes to any part of questions 2, explain _____

3. Do you consume alcohol? Yes No
If Yes, how many alcoholic drinks do you typically consume in 1 week _____

4. Do you take habit forming drugs? Yes No
If Yes, explain _____

5. Have you ever applied for or received disability benefits? Yes No
If Yes, explain _____

6. Are you now in good health? Yes No If No, give details _____

7. Are you now pregnant? Yes No Not Applicable If Yes, how many months _____

Date (dd-mmm-yy) _____ D/MMM/YY Signature of Applicant _____ Original Signature Required

Date (dd-mmm-yy) _____ D/MMM/YY Medical Examiner/Physician _____



MEDICAL EXAMINATIONS FORM

IMMIGRATION CAYMAN ISLANDS CAYMAN ISLANDS IMMIGRATION DEPARTMENT GUIDELINES TO MEDICAL PRACTITIONERS

PART 2 - MEDICAL EXAMINATION (to be completed by Medical Examiner)

1. Is the Examinee personally known to you? Yes No
If No, did you check ID? Yes No

2. Height feet in. Weight lbs. (in under clothes) Waist in.

Chest measurements on respiration in, on expiration in.

3. Blood pressure (two readings: at rest (sitting) lying down Pulse rate

4. Date and report of last E.C.G. if any

- 5. Are the following free from any pathological condition or abnormality; Yes No
(a) Skin
(b) Throat & Mouth
(c) Eyes
(d) Ears
(e) Nose
(f) Abdomen
(g) Cardiovascular System
(h) Respiratory System
(i) Locomotor System
(j) Nervous System
(k) Genito-Urinary System

If No to any of the above questions, provide details

6. Is the examinee on any drug therapy at present? Yes No If Yes, give details

7. Give details of any operations

8. Medical conditions a) b) c) d)

Date of Examination (dd-mmm-yy) Signature Medical Examiner



MEDICAL EXAMINATIONS FORM

PART 3 - XRAY AND LABORATORY INVESTIGATIONS (to be completed by Medical Examiner)

(a) Hospital Xray No. [] Date [D/MMM/YY] Result []

(b) Urine: Date [D/MMM/YY] Albumin [] Sugar []

(c) Blood Tests (attach laboratory reports)

Table with 3 columns: TESTS, DATE, RESULT. Rows include VDRL and HIV SCREEN.

(d) Other tests (depending on history and disease prevalence in the country of origin)

Table with 3 columns: TESTS, DATE, RESULT. Multiple empty rows for data entry.

Name and address of Medical Examiner

[]

Qualifications [] Medical Registration Number []

Address of Registering body []

Date of Examination (dd-mmm-yy) [D/MMM/YY] Signature Medical Examiner []

FOR OFFICIAL USE ONLY

[]

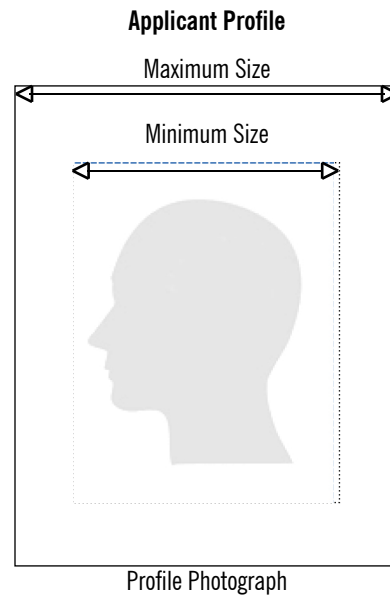
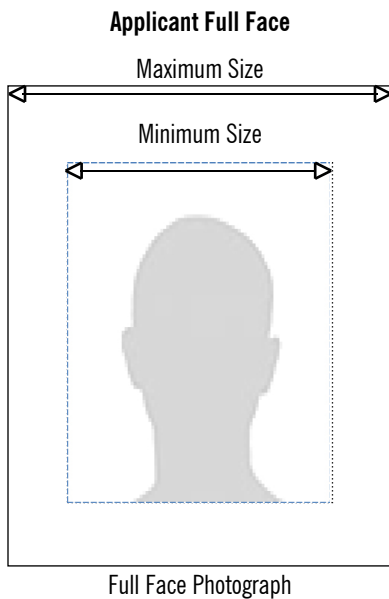


IMMIGRATION
CAYMAN ISLANDS

PHOTOGRAPH TEMPLATE
Applicants Only

Surname (Last Names)		Given Names (First Names)		Maiden Name (if applicable)	
File Number (if known)	(Also known as "Work Reference Number")	Application Date	D/MMM/YY	Date of Birth	D/MMM/YY

For a work permit grant, permanent residency or status - provide Full Face and Profile photos.
For a work permit renewal - provide Full Face photo.



Do Not Use Staples!
Photographs may be taped or glued to the picture diagrams.

Instructions:

- For Work Permit Grant, Permanent Residency and Cayman Status applications, provide Full Face and Profile photos (2 photos).
- For Work Permit Renewal applications, provide Full Face photo (1 photo).
- Print Last Name, First Name(s), and Date of Birth on the back of each photograph.
- The photograph must:
 - be a "passport type" photograph
 - be in colour
 - be taken within the past 12 months
 - show full face (shoulders and above)
 - have no head covering
 - have a plain white background
 - be between 45mm by 35mm (1.77 inches by 1.38 inches) and 63mm by 50mm (2.5 inches by 2 inches), see diagram below
 - be unmounted
 - be printed on normal photographic paper
 - if digital, have resolution of at least 800 dpi (dots per inch)
- Blurred photographs will not be accepted.
- Stick-on labels will not be accepted.

CHECKLIST FOR THE RIGHT TO BE CAYMANIAN - GROUNDS OF DESCENT SECTION 22 (2)

This is a summary of general requirements for ALL applicants. The CS&PR Board reserve the right to request additional information or documentation as deemed necessary.

- Cover Letter**
Stating grounds under which the applicant is making the application. Clearly state the full name and relation (parent or grandparent) of Caymanian connection.
- Duplicate Application Forms**
Original duly completed
- Fees (CI\$250)**
- Evidence of Birth of all Related Persons**
Certified copy of applicant's birth certificate, applicant's Caymanian parent's birth certificate(s) and applicant's Caymanian grandparent's birth certificate(s) (as applicable)
- Marriage Certificate of Applicant's Parents** (if applying through Caymanian father)
- Marriage Certificate of Applicant's Grandparents** (if applying through paternal Caymanian grandparent)
- DNA** (if applying through Caymanian father and parents were not married at the time of your birth and/or between applicant, parent and grandparent as necessary to establish proof of paternity and familial connection.) DNA tests will be accepted from the Cayman Islands, The USA and the UK. Permission must be obtained from the Board prior to testing in any other jurisdiction.
- Dependant Children**
Certified copies of birth certificates or adoption orders in respect of any dependant children under the age of eighteen. (This is for information purposes only - dependants cannot be included with the applicant's Right To Be Caymanian, if approved)
- References** three written references from persons who have known you for at least 3 years along with proof that the referees are Caymanian. Include proof of the referees' identity. Each reference must be in a sealed envelope, signed across the seal by the referee, with the name of the applicant on the outside.
- Original Medical Questionnaire** the Medical Questionnaire may be no older than one year. Blood work must be within the last 6 months.
- Bank References** from your financial institution. If you do not have a local bank account - please state same in your cover letter.
- Employment Letter** stating your position, length of employment and salary.
*If not employed - please state same in your cover letter.
- Photographs** 1 full face and 1 profile with name and Date of Birth on back.
- Proof of Identity** Certified copy of photo and information page of your passport.
- Police Clearance** valid for (6) months only.

*All certificates and documents (i.e. birth, marriage, death, divorce, police clearance etc.) which are in a foreign language must be accompanied with an English translation. See online Guidelines for accepted translators.

CHECKLIST FOR THE RIGHT TO BE CAYMANIAN - GROUNDS OF NATURALISATION SECTION 22 (3)

This is a summary of general requirements for ALL applicants. The CS&PR Board reserve the right to request additional information or documentation as deemed necessary.

- Cover Letter**
Stating grounds under which the applicant is making the application
- Duplicate Application Forms**
Original duly completed
- Fees (CI\$250)**
- Proof of Legal and Ordinary Residence**
Photocopy of Permanent Residence Certificate (copy of approval letter accepted only where a certificate was never issued)
- Proof of Naturalisation**
Certified copy of Naturalisation certificate
- Applicant's Birth Certificate**
Certified copy of applicant's birth certificate
- Dependant Children**
Certified copies of birth certificates or adoption orders in respect of any dependant children under the age of eighteen (This is for information purposes only - dependants cannot be included with the applicant's Right To Be Caymanian, if approved)
- References** three written references from persons who have known you for at least 3 years along with proof that the referees are Caymanian.
Include proof of the referees' identity.
- Original Medical Questionnaire** the Medical Questionnaire may be no older than one year. Blood work must be within the last 6 months.
- Bank References** from your financial institution. If you do not have a local bank account - please state same in your cover letter.
- Employment Letter** stating your position, length of employment and salary.
*If not employed - please state same in your cover letter.
- Photographs** 1 full face and 1 profile with name and date of birth on back.
- Proof of Identity** Certified copy of photo and information page of applicant's passport.
- Police Clearance** valid for six (6) months only.

*All certificates and documents (i.e. birth, marriage, death, divorce, police clearance etc.) which are in a foreign language must be accompanied with an English translation. See online Guidelines for accepted translators.

CHECKLIST FOR THE RIGHT TO BE CAYMANIAN - GROUNDS OF MARRIAGE SECTION 22 (4)

This is a summary of general requirements for ALL applicants. The CS&PR Board reserve the right to request additional information or documentation as deemed necessary.

- Cover Letter**
Stating grounds under which the applicant is making the application signed by both applicant and Spouse.
- Duplicate Application Forms**
Original duly completed
- Fees** (CI\$250)
- Evidence of Marital Status**
Certified copies of marriage certificate and/or death & divorce decree(s) (where applicable if applicant and/or spouse was married before)
- Prescribed Affidavit Form**
Completed and signed by the applicant and spouse in the presence of a JP or Notary Public
- Evidence that Spouse is Caymanian** (* See Online Guidelines)
- Proof of Legal and Ordinary Residence**
Photocopy of Permanent Residence Certificate
- Applicant's Birth Certificate**
Certified copy of applicant's birth certificate
- Dependant Children**
Certified copies of birth certificates or adoption orders in respect of any dependant children under the age of eighteen. (for information purposes only - children cannot be added to Caymanian status of applicant)
- References** three written references from persons who have known you for at least 3 years along with proof that the referees are Caymanian.
Include proof of the referees' identity.
- Original Medical Questionnaire** may be no older than one year. Blood work must be within the last 6 months.
- Bank References** from your financial institution. If you do not have a local bank account - please state same in your cover letter.
- Employment Letter** stating your position, length of employment and salary.
*If not employed - please state same in your cover letter.
- Photographs** Applicant & spouse, for each - 1 full face & 1 profile with name & Date of Birth on back.
- Proof of Identity** Certified copy of applicant's & spouse's passport ID page.
- Police Clearance** Original signed and sealed certificate - less than 6 months old.

*All certificates and documents (i.e. birth, marriage, death, divorce, police clearance etc.) which are in a foreign language must be accompanied with an English translation. See online Guidelines for accepted translators.

CHECKLIST FOR THE RIGHT TO BE CAYMANIAN - GROUNDS OF SURVIVING SPOUSE OF A CAYMANIAN SECTION 22 (6)

This is a summary of general requirements for ALL applicants. The CS&PR Board reserve the right to request additional information or documentation as deemed necessary.

- Cover Letter**
Stating grounds under which the application is being made and to include circumstances as to how you and your spouse met and circumstances of his/her death.
- Duplicate Application Forms**
Original duly completed
- Fees**
CI\$250
- Evidence of Marital Status**
Certified copies of marriage certificate and/or death & divorce decree(s) (where applicable if applicant and/or spouse was married before)
- Prescribed Affidavit Form**
Completed and signed by the applicant attesting to the stability of marriage prior to spouse's death. To be completed and signed in the presence of a JP or Notary Public
- Evidence of Death**
Certified copy of spouse's death certificate
- Evidence that Spouse was Caymanian**
* See Online Guidelines
- Applicant's Birth Certificate**
Certified copy of applicant's birth certificate
- Dependant Children**
Certified copies of birth certificates or adoption orders in respect of any dependant children under the age of eighteen. (This is for information purposes only - dependants cannot be included with the applicant's Right To Be Caymanian, if approved)
- Proof of Legal and Ordinary Residence**
Provide copy of RERC or other immigration approval
- References** three written references from persons who have known you for at least 3 years along with proof that the referees are Caymanian. Include proof of the referees' identity.
- Original Medical Questionnaire** may be no older than one year. Blood work must be within the last 6 months.
- Photographs** 1 full face and 1 profile with name and Date of Birth on back.
- Proof of Identity** Certified copy of photo and information page of applicant's, spouse's and any dependants' passports.
- Employment Letter** stating your position, length of employment and salary.
*If not employed - please state same in your cover letter.
- Bank References** from your financial institution. If you do not have a local bank account - please state same in your cover letter.
- Police Clearance** valid for six (6) months only.

*All certificates and documents (i.e. birth, marriage, death, divorce, police clearance etc.) which are in a foreign language must be accompanied with an English translation. See online Guidelines for accepted translators.

CHECKLIST FOR THE RIGHT TO BE CAYMANIAN - GROUNDS OF CONTINUATION (AFTER 18 YEARS OLD) SECTION 22 (9)

This is a summary of general requirements for ALL applicants. The CS&PR Board reserve the right to request additional information or documentation as deemed necessary.

- Cover Letter**
Stating grounds under which the applicant is making the application
- Duplicate Application Forms**
Original duly completed
- Fees**
CI\$250
- Proof of Legal and Ordinary Residence for Required Period**
Letters of attendance and enrollment from all schools attended in the last five (5) years immediately preceding date of application) **and** photocopy of any residency certificate in which you were listed as a dependant of your Caymanian parent during the relevant period (where applicable)
- Copy of Previous Status Approval Letter**
Photocopy of original Acknowledgement of Caymanian Status letter
- References** three written references from persons who have known you for at least 3 years along with proof that the referees are Caymanian. Include proof of the referees' identity.
- Original Medical Questionnaire** may be no older than one year. Blood work must be within the last 6 months.
- Photographs** 1 full face and 1 profile with name and Date of Birth on back.
- Proof of Identity** certified copy of photo and information page of applicant's passport.
- Police Clearance** valid for six (6) months only.

*All certificates and documents (i.e. birth, marriage, death, divorce, police clearance etc.) which are in a foreign language must be accompanied with an English translation. See online Guidelines for accepted translators