



# APPLICATION FORM FOR TRINIDAD AND TOBAGO EMERGENCY TRAVEL DOCUMENT

PLEASE PRINT INFORMATION IN BLOCK LETTERS  
USING DARK BLUE OR BLACK INK PEN

**WARNING TO ALL APPLICANTS AND RECOMMENDERS**  
Any such person who makes a written or oral statement knowingly to be  
false or misleading is guilty of an offence and is liable to fine and  
imprisonment.

FOR OFFICIAL USE ONLY

DOCUMENT #	REASON FOR APPLICATION	DATE OF ISSUE	CITIZEN [ ]
ORIGIN	RECEIPT #	VALID TO	RESIDENT [ ]
PRE-PAID SHIPPING	DATED	PICK UP	OTHER [ ]

**1. NAME TO APPEAR IN DOCUMENT (APPLICANT OR CHILD)**

SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME(S) \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_

FORMER NAME

SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MOTHER'S MAIDEN NAME

SURNAME \_\_\_\_\_

**2. PERSONAL INFORMATION OF DOCUMENT HOLDER**

PHOTOGRAPH

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SEX MALE [ ] FEMALE [ ]

*Day Month Year*

PLACE OF BIRTH \_\_\_\_\_

TOWN / CITY

\_\_\_\_\_

COUNTRY

HEIGHT (CM) \_\_\_\_\_ EYE COLOUR \_\_\_\_\_

HAIR COLOUR \_\_\_\_\_

MARITAL STATUS : SINGLE [ ] MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

SEPARATED [ ] OTHER [ ]

OCCUPATION / PROFESSION \_\_\_\_\_

**HOME ADDRESS**

\_\_\_\_\_

*Street Name*

\_\_\_\_\_

*Town / City*

\_\_\_\_\_

*Zip Code*

\_\_\_\_\_

*Country*

**MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)**

\_\_\_\_\_

*Street Name*

\_\_\_\_\_

*Town / City*

\_\_\_\_\_

*Zip Code*

\_\_\_\_\_

*Country*

**WORK ADDRESS, OR IF RESIDENT ABROAD, LOCAL ADDRESS**

\_\_\_\_\_

*Street Name*

\_\_\_\_\_

*Town / City*

\_\_\_\_\_

*Zip Code*

\_\_\_\_\_

*Country*

**NAME OF FIRM / ORGANIZATION**

\_\_\_\_\_

HOME TEL. NO. \_\_\_\_\_ / OFFICE TEL. NO. \_\_\_\_\_

I solemnly declare that :

- (i) I am a Citizen / Resident of Trinidad and Tobago,
- (ii) The statements made in this application are true,
- (iii) The photographs enclosed are a true likeness of me
- (iv) I do not have nor am I in possession of a valid travel document at this time and
- (v) I know the recommender for at least three years.

Signature of Applicant or Child



Dated \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ I.D. \_\_\_\_\_ Date Of Issue \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Day Month Year Day Month Year*

DO NOT BEND OR FOLD

**3. DECLARATION OF APPLICANT ON BEHALF OF A MINOR (UNDER THE AGE OF 18 YEARS)**

I, *FIRST NAME* \_\_\_\_\_  
*SURNAME* \_\_\_\_\_

Solemnly declare that I am the \_\_\_\_\_ of the child whose name is  
*(RELATIONSHIP)*

*FIRST NAME* \_\_\_\_\_  
*SURNAME* \_\_\_\_\_

I also declare that the statements made in this application are true, the photographs enclosed are a true likeness of the child and I have know the recommender for at least three years.

*DATED* \_\_\_\_\_ *Signature of Parent/ legal Guardian* →



**4. DECLARATION OF RECOMMENDER \* (To be completed by the Recommender Only) \***

I, *FIRST NAME* \_\_\_\_\_  
*SURNAME* \_\_\_\_\_

Solemnly declare that I am a commonwealth citizen and to the best of my knowledge and belief, all statements made in this application form are true. I make this declaration from my knowledge of the applicant whose name is :

**NAME OF APPLICANT**

*FIRST NAME* \_\_\_\_\_  
*SURNAME* \_\_\_\_\_

Whom I have known personally for \_\_\_\_\_ years.

**MY OCCUPATION** \_\_\_\_\_

**NAME OF FIRM / ORGANIZATION AND ADDRESS**

\_\_\_\_\_  
*Name of Firm / Organization*  
\_\_\_\_\_  
*Street Name* \_\_\_\_\_ *Town/ City*  
\_\_\_\_\_  
*Town/ City* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ *Country*

**OFFICE TEL. NO.** \_\_\_\_\_ **HOME TEL. NO.** \_\_\_\_\_

*Dated* \_\_\_\_\_  
*Day* \_\_\_\_\_ *Month* \_\_\_\_\_ *Year*

*I.D. / D.P. / PASSPORT #* \_\_\_\_\_

*Date of Issue* \_\_\_\_\_  
*Day* \_\_\_\_\_ *Month* \_\_\_\_\_ *Year*

*Signature of Recommender* →



**5. FOR OFFICIAL USE ONLY**

Birth / Baptismal Certificate ..... Applicant seen by .....  
Naturalization Certificate ..... Approved By .....  
Adoption Certificate ..... Document Written .....  
Registration Certificate ..... Document signed by .....  
Decree Absolute .....  
Marriage Certificate ..... **Approving Officer's Stamp**  
Sworn Declaration .....  
Deed Poll .....  
Others .....

**6. SPECIMEN SIGNATURE OF HOLDER WHICH WILL BE DETACHED AND AFFIXED TO THE TRAVEL DOCUMENT.**

