APPLICATION FORM FOR TRINIDAD AND TOBAGO PASSPORT
INFANT / CHILD (FOR A CHILD UNDER 16 YEARS)

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

PASSPORT TYPE	________	ORIGIN	________	RECEIPT #	________	PASSPORT #	________
EXPEDITED	________	PICK UP	________	DATE	________	DATE OF ISSUE	________
PRE-PAID SHIPPING	________	REASON FOR APPLICATION	________			VALID TO	________

1. CHILD'S NAME

SURNAME /___/___/___/___/___/

FIRST NAME /___/___/___/___/___/

MIDDLE NAME(S) /___/___/___/___/___/

FORMER NAME
SURNAME /___/___/___/___/___/

FIRST NAME /___/___/___/___/___/

MOTHER'S MAIDEN NAME
SURNAME /___/___/___/___/___/

FATHER'S FULL NAME
SURNAME /___/___/___/___/___/

FIRST NAME /___/___/___/___/___/

2. PERSONAL INFORMATION

PHOTOGRAPH

DATE OF BIRTH ________/________/________ (*Day* / *Month* / *Year*) SEX MALE [ ] FEMALE [ ]

PLACE OF BIRTH /___/___/___/___/___/
TOWN / CITY

/___/___/___/___/___/
COUNTRY

HEIGHT (CM) ____________ COLOUR OF EYES /___/___/___/___/

HAIR COLOUR /___/___/___/___/

HOME ADDRESS

/___/___/___/___/___/
Street Name *Town/ City*
/___/___/___/___/___/
Town /City *Zip Code* *Country*

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

/___/___/___/___/___/
Street Name *Town/ City*
/___/___/___/___/___/
Town /City *Zip Code* *Country*

PARENT'S WORK ADDRESS

/___/___/___/___/___/
Street Name *Town/ City*
/___/___/___/___/___/
Town /City *Zip Code* *Country*

NAME OF FIRM / ORGANIZATION

/___/___/___/___/___/

HOME TEL. NO. /___/___/___/___/

PARENT'S MOBILE NO. /___/___/___/___/

OFFICE TEL. NO. ___/___/___/___/

PARENTS E-MAIL ADDRESS ______________________________

Specimen Signature of child

(*N.B. * ***This form will become void if the Specimen Signature touches the border)***

DO NOT BEND OR FOLD

3. NAME AND RELATIONSHIP OF APPLICANT ON BEHALF OF CHILD

I, FIRST NAME /___/

SURNAME /___/

Solemnly declare that I am the ______________________ *of the child whose name is:*
(RELATIONSHIP)

FIRST NAME /___/

SURNAME /___/

APPLICANT'S FULL ADDRESS /___/
Street Name *Town / City*
/___/
Town / City *Zip Code* *Country*

Dated ______/______/______
Day Month Year

I.D. / Passport # of Parent /Legal Guardian ______________________

Signature of Parent/ legal Guardian

Date of Issue ______/______/______
Day Month Year

4. CUSTODY OF CHILD

(a) Has custody of the child been the subject of a Court Order? YES [ ] NO [ ] COURT ORDER NO. ________________

DATED ____/____/______
Day Month Year

(b) If yes, include all Legal Documents referring to custody of the child.

5. DECLARATION OF RECOMMENDER ***(To be completed by the Recommender <u>Only)</u>***

I, FIRST NAME /___/

SURNAME /___/

Solemnly declare that I am a citizen of Trinidad and Tobago 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 :

OFFICIAL STAMP OF FIRM / ORGANIZATION

NAME OF PARENT / LEGAL GUARDIAN

FIRST NAME /___/

SURNAME /___/

Whom I have known personally for ……………………… years, and from my knowledge of the child whose name is

CHILD'S NAME

FIRST NAME /___/

SURNAME /___/

And whose photograph I have certified on the reverse side (applicable to renewals only).

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 _____/_____/__________ *I.D./ D.P. / PASSPORT #* ____________________________ *Date of Issue* _____/_____/________
Day Month Year *Day Month Year*

Date of Expiry _____/_______/________
Day Month Year

Signature of Recommender →

6. CITIZEN OF TRINIDAD AND TOBAGO BY:

(A) BIRTH [ ]

PIN NO. ______________________ CERTIFICATE NO. ______________________

REGISTRATION DATE ____/____/____ (Day Month Year) REGISTRATION DISTRICT ______________________

(B) DESCENT [ ]

CERTIFICATE NO. ______________________ ISSUE DATE ____/____/____ (Day Month Year)

(C) ADOPTION [ ]

CERTIFICATE NO. ______________________ ISSUE DATE ____/____/____ (Day Month Year)

(D) REGISTRATION [ ] / NATURALISATION [ ]

CERTIFICATE NO. ______________________ ISSUE DATE ____/____/____ (Day Month Year)

IS THE CHILD NOW OR HAS EVER BEEN A CITIZEN OF ANY COUNTRY OTHER THAN TRINIDAD AND TOBAGO? YES [ ] NO [ ]
If yes, please provide details below

COUNTRY	CITIZENSHIP BY	CERTIFICATE NO.	ISSUE DATE *(Date/Month/Year)*
1.			
2.			
3.			

7. TRINIDAD AND TOBAGO PASSPORT(S) PREVIOUSLY

Has the child been issued any Trinidad and Tobago Passport(s) or other Trinidad and Tobago travel Documents? YES [ ] NO [ ]

If YES, list in the Table provided and submit most recently issued document

PASSPORT NO.	DATE OF ISSUE *(Date/Month/Year)*	PLACE OF ISSUE

8. ADDITIONAL REFERENCES

Please provide the following information with respect to **two** persons who are not relatives and have known you for at least three years.
These persons will be contacted to confirm your identity.

FIRST NAME /___/

SURNAME /___/

HOME ADDRESS or BUSINESS ADDRESS (IN FULL)

/___/

/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/ ***TEL. CONTACT*** /___/___/___/___/___/___/___/___/___/___/___/

FIRST NAME /___/

SURNAME /___/

HOME ADDRESS or BUSINESS ADDRESS (IN FULL)

/___/

/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/ ***TEL. CONTACT*** /___/___/___/___/___/___/___/___/___/___/___/

9. DECLARATION OF APPLICANT ON BEHALF OF CHILD

I ____ *solemnly declare that :*

(i) The child is a Trinidad and Tobago citizen.
(ii) The statements made in this application are true.
(iii) The photographs enclosed are a true likeness of the child.
(iv) he/she has no Trinidad and Tobago Passport other than the one(s) listed at section 7; and
(v) I know the recommender for at least three years.

DATED ____/____/____ (Day Month Year)

I.D. / PASSPORT # ______________________

DATE OF ISSUE ____/____/____ (Day Month Year)

Signature of Parent / Legal Guardian

FOR OFFICIAL USE ONLY

PREQUALIFICATION OFFICER _____ **DATE** _____/_____/_____
Day Month Year

BIRTH CERTIFICATE INFORMATION
COMPUTER GENERATED CERTIFICATE [ ]

PIN NO._____ CERTIFICATE NO._____

REGISTRATION DISTRICT _____ REGISTRATION DATE _____/_____/_____
Day Month Year

ENTRY NO._____

MANUAL CERTIFICATE [ ]

CERTIFICATE NO._____

REGISTRATION DISTRICT _____ REGISTRATION DATE _____/_____/_____
Day Month Year

ENTRY NO._____ VOL. NO. _____ PAGE NO. _____

CHAPTER _____ SECTION _____

CITIZENSHIP BY DESCENT CERTIFICATE INFORMATION

CERTIFICATE NO. _____ ISSUE DATE _____/_____/_____
Day Month Year

CHAPTER _____ SECTION _____

ADOPTION CERTIFICATE INFORMATION

CERTIFICATE NO._____

ENTRY NO._____ BOOK. NO. _____ PAGE NO. _____

MARRIAGE CERTIFICATE INFORMATION

CERTIFICATE NO._____ ISSUE DATE _____/_____/_____
Day Month Year

ENTRY NO._____ VOL. NO. / BOOK NO._____ FOLIO NO. / PAGE NO._____

REGISTRATION / NATURALISATION CERTIFICATE INFORMATION

CERTIFICATE NO. _____ ISSUE DATE _____/_____/_____
Day Month Year

CHAPTER _____ SECTION _____

SWORN DECLARATION _____ **DATED** _____/_____/_____ **REF.** _____
(NAME OF DECLARANT) *Day Month Year*

SWORN DECLARATION _____ **DATED** _____/_____/_____ **REF.** _____
(NAME OF DECLARANT) *Day Month Year*

SWORN DECLARATION _____ **DATED** _____/_____/_____ **REF.** _____
(NAME OF DECLARANT) *Day Month Year*

DEED POLL NO. _____ **DATED** _____/_____/_____
Day Month Year

DECREE ABSOLUTE _____ **DATED** _____/_____/_____
Day Month Year

OTHER INFORMATION (Where Necessary)

_____

_____

_____

_____

_____

_____

_____

_____

OFFICER'S STAMP

RECEPTION OFFICER _____

DATE _____/_____/_____
Day Month Year