



**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.*

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

[illegible]

DATE OF BIRTH                       /     /           SEX      MALE [   ]                  FEMALE [   ]                  PHOTOGRAPH

*Day     Month     Year*

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

/ / / / / / / / / / COUNTRY / / / / / / / / / /

HEIGHT (CM) \_\_\_\_\_ COLOUR OF EYES / / / / / / / / / / / / / / / /

[illegible]

MARITAL STATUS: SINGLE    ☐    MARRIED ☐    WIDOWED ☐    DIVORCED ☐

SEPARATED [ ] OTHER [ ]

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

## 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*

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

\_\_\_\_\_  
*Street Name* \_\_\_\_\_ *Town/ City* \_\_\_\_\_  
 \_\_\_\_\_  
*Town /City* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ *Country* \_\_\_\_\_

## NAME OF FIRM / ORGANIZATION

[illegible]

*Specimen Signature of Applicant*

[illegible][illegible]

E-MAIL ADDRESS

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

**DO NOT BEND OR FOLD**

PRESENT MARRIAGE    DATE OF MARRIAGE    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    PLACE OF MARRIAGE    \_\_\_\_\_  
Day    Month    Year

PREVIOUS MARRIAGE (S)

Date of Marriage <i>(Date/Month/Year)</i>	Husband's Name in Full	Place of Marriage	Husband's Nationality

[illegible]

Solemnly declare that I am the \_\_\_\_\_ of the Applicant, and hereby give permission to

[illegible]

*To apply for a Trinidad and Tobago Passport.*

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

I.D./ Passport # of Parent /Legal Guardian \_\_\_\_\_

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

Signature of Parent/ legal Guardian

[illegible]

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:

[illegible]

Whom I have known personally for ..... years and whose photograph I have certified on the reversed side (applicable to renewals only).

[illegible]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

[illegible]

*Dated*      /      /      *I.D./ D.P. / PASSPORT #*      *Date of Issue*      /      /        
 Day Month Year Day Month Year

*Date of Expiry* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Day Month Year*

Signature of 

**5. 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

ARE YOU NOW OR HAVE YOU 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.			

**6. TRINIDAD AND TOBAGO PASSPORT(S) PREVIOUSLY**

Have you applied for or 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

**7. 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 may be contacted to confirm your identity.

**(i)**  
**FIRST NAME** \_\_\_\_\_**SURNAME** \_\_\_\_\_**HOME ADDRESS or BUSINESS ADDRESS (IN FULL)**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_ **TEL. CONTACT** \_\_\_\_\_**(ii)**  
**FIRST NAME** \_\_\_\_\_**SURNAME** \_\_\_\_\_**HOME ADDRESS or BUSINESS ADDRESS (IN FULL)**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_ **TEL. CONTACT** \_\_\_\_\_**8. DECLARATION OF APPLICANT**

I \_\_\_\_\_ solemnly declare that :

**(i)** I am a Trinidad and Tobago citizen.**(ii)** The statements made in this application are true.**(iii)** The photographs enclosed are a true likeness of me.**(iv)** I do not have a Trinidad and Tobago Passport other than the one(s) listed at section 6.**(v)** I know the recommender for at least three years; and**(vi)** I shall report to the Passport Office or the nearest Trinidad and Tobago Government Office any change in citizenship.DATED \_\_\_\_\_  
Day / Month / Year

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

DATE OF ISSUE \_\_\_\_\_  
Day / Month / Year

Signature →



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