

Application Number ů ů ů ů ů ů ů ů ů ů ů .

Section 1 Personal Information. Please refer to Note 1

Section 2 Type of Application Please refer to Note 2

Number of Pages Required: 32 ☐ 64 ☐

Section 3 Reason for Application

Please refer to Note 3

A) New (First Time) Issue

☐ F) Reissue Due to Name Change ☐

B) Reissue of Expired Passport

☐ F1) Reason for Name Change
(tick below)

C) Reissue of full Passport

☐ Marriage ☐ Adoption ☐
Deed Poll ☐

D) Reissue of Lost/stolen Passport

☐ G) Other (please specify) ☐

E) Reissue of Damaged Passport

☐ _____
_____**Section 4 National Status**

Please refer to Note 4

Citizen of Antigua and Barbuda by:

i) Birth ☐iii) Naturalization ☐v) Registration pursuant to Citizenship
by Investment Act, 2013 ☐ii) Descent ☐iv) Registration pursuant to the
Citizenship Act, Cap. 22 ☐v) Registration pursuant to
Millennium Naturalization, 2004 ☐**NB:** If you are a citizen of Antigua and Barbuda by naturalization or registration, please complete the following:

Certificate Number _____

Date of Issue ____/____/____
dd mm yy

Passport Number of Country of Birth _____

Place of Issue _____ Date of Issue ____/____/____
dd mm yy**NB:** If you are a citizen of Antigua and Barbuda by Investment, please complete the following

Evidence of Citizenship _____

Date of Issue _____

Passport Number of Country of Birth _____

Place of Issue _____ Date of Issue ____/____/____
dd mm yy

Section 5 Were You Born Outside of Antigua and Barbuda? Yes ☐ No ☐

If yes, please refer to Note 5 and then complete this section

Father's Details

Full Name _____

Place and Country of Birth _____

Date of Birth ____/____/____
dd mm yy

Mother's Details

Full Name _____

Place and Country of Birth _____

Date of Birth ____/____/____
dd mm yy

Grandparent's Details

Full Name _____

Place and Country of Birth _____

Date of Birth ____/____/____
dd mm yy

NB If father, mother or grandparent is a citizen of Antigua and Barbuda by naturalization or registration, please complete the following:

Number of his/her Document _____ Place of Issue _____

Date of Issue ____/____/____
dd mm yy

NB If applicant's birth was registered at a Consulate of Antigua and Barbuda, please complete the following:

Name of Consulate _____

Number of Certificate _____ Date of Issue ____/____/____
dd mm yy

Section 6 Supporting Documents Produced

Please refer to Note 6

Both original and photocopies must be produced.

The following documents were submitted with the passport application:

- | | | | |
|---------------------------|--------------------------|------------------------------|--------------------------|
| i) Birth Certificate | <input type="checkbox"/> | v) Adoption Certificate | <input type="checkbox"/> |
| ii) Baptismal Certificate | <input type="checkbox"/> | vi) Proof of Legal Guardian | <input type="checkbox"/> |
| iii) Marriage Certificate | <input type="checkbox"/> | vii) Deed Poll | <input type="checkbox"/> |
| iv) Divorce Certificate | <input type="checkbox"/> | viii) Other (please specify) | <input type="checkbox"/> |
- _____

Section 7 Previous Passport

Please refer to Note 7

Is the previous passport attached Yes ☐ No ☐

If yes, previous passport number _____ If no, go to Section 8

Section 8 Lost/Stolen Passport

Please refer to Note 8

Give details of the passport which has been lost or stolen

Passport Number _____

Place of Issue _____

Date of Issue ____/____/____
dd mm yy**Your details at time of issue**

Surname _____

First Name: _____

Middle Name(s) _____

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐

Circumstances in which passport was lost or why it is not available:

Place of Loss _____ Date of Loss ____/____/____
dd mm yy

Has Loss Been Reported to the Police? _____

Section 9 Certification

Please refer to Notes 9 and 10

***I certify that the applicant has been known personally to me for _____ (state period) and that the photograph which contains my signature, is a true photograph of the applicant.**

Certifier:

Full Name (block capitals): _____

Occupation: _____

Address: _____

Contact Number(s): _____

Signature _____ Date _____ / _____ / _____
dd mm yy*CIP Applicants are asked to refer to their Licensed Agent*

Official Stamp

Section 10 Parental Consent

Please refer to Note 11

I/ We _____
(Please Print Given and Surnames)the _____
(Please State -Mother/Father/ Guardian)of _____
(Please Print Child's Name)hereby give consent for him ☐ her ☐ to hold an Antigua and Barbuda passport.Father's Signature _____ Date _____ / _____ / _____
dd mm yyMother's Signature _____ Date _____ / _____ / _____
dd mm yy

Section 11 Supplementary Information

Please refer to Note 12

[illegible]

Signature _____ Date / /
dd mm yy

Section 12 Declaration

Please refer to Note 13

To be signed by all applicants

I, the undersigned, hereby apply for the issue of a passport. I declare that the information provided in this application is correct to the best of my knowledge and belief and that I have not renounced the status of Citizen of Antigua and Barbuda. I further declare that any and all previous passports granted to me have been surrendered, other than the passport or travel document with the number specified in section ___ of this form which is now attached and that no other application for a passport has been made since the attached passport or travel document was issued to me.

Signature _____ Date ____ / ____ / ____
dd mm yy

To be signed by all applicants over the age of twelve (12) years

To be signed by all applicants over the age of twelve (12) years

Failure to comply with this instruction will invalidate the application.

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Please do not write below this line

CIP Registration No. _____

Amount of Fee Paid _____

[illegible]