



Jamaican Passport Application Form

PLEASE READ THE INFORMATION SHEET CAREFULLY BEFORE COMPLETING THIS FORM

NOT TO BE SOLD

A APPLICANT'S PERSONAL DATA			
Surname (Last Name): <input type="text"/>		Profession or Occupation: <input type="text"/>	
First Name: <input type="text"/>		<input type="text"/>	
Middle Name(s): <input type="text"/>		Marital Status: Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/>	
Maiden Surname (family name at birth): <input type="text"/>		Eye Colour: Dark Brown <input type="checkbox"/> Brown <input type="checkbox"/> Grey <input type="checkbox"/>	
Previous Name (If name has been changed other than by marriage): <input type="text"/>		Grey Blue <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/>	
Place of Birth (Town, City and Parish): <input type="text"/>		Chestnut <input type="checkbox"/> Black <input type="checkbox"/> Mixed <input type="checkbox"/>	
Date of Birth: Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>		Other colour	
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>			
Height: <input type="text"/> cm			
Special Visible Features: <input type="text"/>			
Mother's First Name: <input type="text"/>		Mother's Maiden Name (Surname before Marriage): <input type="text"/>	
APPLICANT'S PERMANENT ADDRESS Street Number and Street name: <input type="text"/>		APPLICANT'S MAILING ADDRESS: (If different from permanent address) Street Number and Street name: <input type="text"/>	
Town, City and Parish: <input type="text"/>		Town, City and Parish: <input type="text"/>	
Country: <input type="text"/>		Country: <input type="text"/>	
Postal or Zip Code: <input type="text"/>		Postal or Zip Code: <input type="text"/>	
State: <input type="text"/>		State: <input type="text"/>	
Residential Telephone Number Area Code <input type="text"/> Seven Digit Number <input type="text"/>		Business Telephone Number: Area Code <input type="text"/> Seven Digit Number <input type="text"/>	
E-Mail Address: <input type="text"/>			
B TO BE COMPLETED IF APPLICANT IS OR HAS BEEN MARRIED			
Date of Marriage: Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>		Place of Marriage (Town, City and Parish): <input type="text"/>	
Country: <input type="text"/>		<input type="text"/>	
Spouse's First Name: <input type="text"/>		Spouse's Surname: <input type="text"/>	

**FOR
OFFICIAL
USE
ONLY**



**Thumb Print Box Below
For persons unable to sign**

Signature of the Applicant to be inserted WITHIN the box above

Note: Signature is not required for applicants under the age of 12 years

C	CONSENT FOR MINOR (Applicable to persons under 18 years of age. Mother, Father or Legal Guardian may give consent)		
Particulars of person giving consent to minor:			
Surname (parent or legal guardian)		First Name	Middle Name(s)
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Relationship of the above-named person to the minor:			
Mother <input type="checkbox"/>		Father <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>
Declaration of person giving consent:			
I, (name).....			
give my consent for to hold a passport.			
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
Signature of Parent or Legal Guardian		Date	
D PARTICULARS OF MOST RECENT PASSPORT: (This information is required whether the passport is expired or current, damaged, lost or unavailable)			
Passport Number:		Date of Issue:	Date of Loss (if applicable):
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="display: flex; justify-content: space-between;"> DayMonthYear </div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="display: flex; justify-content: space-between;"> DayMonthYear </div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Place of Issue:			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Name in which stolen, lost or unavailable passport was issued		First Name:	
Surname:		Middle Names(s):	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Place of Loss (City, Parish):		BRIEF STATEMENT OF CIRCUMSTANCES , IF PASSPORT HAS BEEN DAMAGED	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
E DECLARATION OF APPLICANT			
I, the undersigned, hereby apply for the issue of a Jamaican Passport. I declare that the information given in this application is correct to the best of my knowledge and belief. I further declare that:			
<input type="checkbox"/> I have not previously held or applied for a Jamaican Passport			
<input type="checkbox"/> All previous passports granted to me have been surrendered, other than Passport or Travel Document No. which is submitted herewith.			
<input type="checkbox"/> My passport has been lost or is not available for present use and that I have reported the circumstances to the Police or to the Passport Office (Kingston) or to the Jamaican Consular representative overseas.			
Signature of Applicant		Date of Declaration	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="display: flex; justify-content: space-between;"> DayMonthYear </div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

F EMERGENCY CONTACT PERSONS		
<div style="display: flex; justify-content: space-between;"> <div style="width: 33%;"> FIRST CONTACT PERSON Surname: <input type="text"/> </div> <div style="width: 33%;"> First Name: <input type="text"/> </div> <div style="width: 33%;"> Middle Name(s): <input type="text"/> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Street Number and Street name: <input type="text"/> <input type="text"/> Town, City and Parish/State: <input type="text"/> <input type="text"/> Country: <input type="text"/> </div> <div style="width: 52%;"> Postal or Zip Code: <input type="text"/> Telephone Number: Area Code Seven Digit Number <input type="text"/>-<input type="text"/>-<input type="text"/> Relationship to Passport Applicant: <input type="text"/> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 33%;"> SECOND CONTACT PERSON Surname: <input type="text"/> </div> <div style="width: 33%;"> First Name: <input type="text"/> </div> <div style="width: 33%;"> Middle Name(s): <input type="text"/> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Street Number and Street name: <input type="text"/> <input type="text"/> Town, City and Parish/ State: <input type="text"/> <input type="text"/> Country: <input type="text"/> </div> <div style="width: 52%;"> Postal or Zip Code: <input type="text"/> Telephone Number: Area Code Seven Digit Number <input type="text"/>-<input type="text"/>-<input type="text"/> Relationship to Passport Applicant: <input type="text"/> </div> </div>		
G OFFICIAL CERTIFICATION (Please ensure that Sections A-F are completed before certifying this document)		
<p><u>WARNING:</u> IT IS AN OFFENCE TO MAKE A FALSE AND MISLEADING STATEMENT IN SUPPORT OF A PASSPORT APPLICATION</p> <p>I <div style="display: flex; justify-content: space-around; width: 100%;"> First Name Middle Name(s) Surname </div> </p> <p>Designation/Occupation or Profession:</p> <p>hereby certify that I have known Insert full name of applicant (in the case of a minor, the person giving consent) as stated on application.</p> <p>For.....(years) and that the information given is correct to the best of my knowledge and belief.</p>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Address of Certifying Official Building/Apartment Number and Name (if applicable) <input type="text"/> Street Number and Street name <input type="text"/> Town, City and Parish/ State <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> Postal Code or Zip Code: <input type="text"/> </div> <div style="width: 55%;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="text-align: center; margin-bottom: 10px;">Signature of Certifying Official</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Date of Certification Day Month Year <input type="text"/>-<input type="text"/>-<input type="text"/> </div> <div style="width: 40%; text-align: center;"> Official Stamp or Seal of Certifying Official (If any) </div> </div> <div style="margin-top: 10px;"> Telephone Number: Area Code Seven Digit Number <input type="text"/>-<input type="text"/>-<input type="text"/> </div> </div> </div>		

H	TO BE COMPLETED BY APPLICANTS WHO MUST WEAR HEADGEAR FOR RELIGIOUS REASONS			
	(Religion/Sect) <div style="border: 1px solid black; height: 15px; width: 100%;"></div>			
I	TO BE COMPLETED BY APPLICANTS BORN OUTSIDE OF JAMAICA			
	Father's Name:		Mother's Name:	
	Father's Place of Birth:		Mother's Place of Birth:	
	Father's Date of Birth:		Mother's Date of Birth:	
J	SUPPLEMENTARY INFORMATION			
K	FOR OFFICIAL USE ONLY			
	DOCUMENTS SUBMITTED	DOCUMENT NUMBER	ISSUE DATE	PREVIOUS PASSPORT STAMP
	BIRTH CERTIFICATE			
	ADOPTION CERTIFICATE			
	MARRIAGE CERTIFICATE			
	NATURALIZATION CERTIFICATE.			
	REGISTRATION CERTIFICATE			
	CERTIFICATION OF CITIZENSHIP			
	DIVORCE CERTIFICATE			
	DRIVERS' LICENCE			
	TAX REGISTRATION NUMBER			
	ELECTORAL IDENTIFICATION			
	OTHER			
RECEPTION TEAM				
(Outpost Staff) <div style="border: 1px solid black; width: 100px; height: 15px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px;"></div> <div style="display: inline-block; text-align: center;">Day</div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="display: inline-block; text-align: center;">Month</div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="display: inline-block; text-align: center;">Year</div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div>				
(Passport Office) <div style="border: 1px solid black; width: 100px; height: 15px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px;"></div> <div style="display: inline-block; text-align: center;">Day</div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="display: inline-block; text-align: center;">Month</div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="display: inline-block; text-align: center;">Year</div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div>				
PRODUCTION TEAM				
DATA ENTRY OPERATOR:			PRINT OPERATOR:	
IMAGE CAPTURE OPERATOR:			LAMINATOR:.....	
SUPERVISORY REVIEW:			QUALITY ASSURANCE:.....	