

## **APPLICATION FOR A PASSPORT**

[IMPORTANT: Print in block letters]

| (Surname)   |               |               | (Maiden Name) |
|---|---------------|---------------|---------------|
| (First Name)  |               | (Second Name) | (Third Name)  |
| Indicate whether applicant is  Under 16 years  1 16 and above | Passport No.: | FOR OFFICIA   | ONLY  Issue:  |

IMPORTANT: Read instructions carefully before completing the Form. Note: Amendments cannot be made to Passports.

## INSTRUCTIONS ON HOW TO COMPLETE FORM

- A. Males (married or single, 16 years and above): Complete Sections 1, 2, 7 and 8, and if applicable, Section 4.
- **B.** Females (spinsters/unmarried, 16 years and above): Complete Sections 1, 2, 7 and 8, and if applicable, Section 4.
- C. Married Women (including widows and women whose marriages have been dissolved): Complete Sections 1, 2, 3, 7 and 8 and if applicable, Section 4.
- D. Children (males and females under 16 years of age): Children under 16 years of age may be included in the passport of their parent or adoptive parent without extra charge. This can be done ONLY when the parent is applying for his /or own passport by entering the child's/children's particulars in Section 5 of the parent's Application Form.

An application for a passport for a child must be made by or with the **notarized** consent of the parent or adoptive parent by completing Sections 1, 2, 6, 7, 8 and if applicable Section 4 of the Application Form.

- E. Signing the form: The applicant must sign Section 8.
- F. Recommender: Section 9 should be completed by the person (the recommender) verifying the declaration who must be a member of Parliament, a Mayor or City Councillor or Village Council Chairperson, Justice of the Peace, Minister of Religion, Staff Nurse and above, Medical or Legal Practitioner, Established Civil Servant (Executive Officer and above), Senior Bank Official, Police Officer of the rank of Sergeant and above, Qualified Teacher and above, Custom Officer Grade 1 and above, Principal Prison Officer and above, business manager or any person of similar standing personally acquainted with the applicant.

The recommender must be a citizen of the Commonwealth of Dominica who knows the applicant for two (2) years or more, but must not be a member of the applicant's immediate family.

The recommender is also required to endorse the reverse side of one copy of the photograph with the words:

"I certify that this is a true likeness of Mr., Mrs. or Miss ....." and add his signature.

## G. Photographs

Two copies of a recent Coloured photograph of the applicant must be included with the application. These photographs must be taken full face with head uncovered, and the photographs must not be mounted. The size of the photographs must be  $2\frac{1}{2}$  inches by 2 inches. The photographs must be printed on normal thin photographic paper and must not be glazed on the reverse side.

**H.** The fee for the Passport is \$100.00 for adults for ten (10) years and \$50.00 for children under 16 years of age, for five years.

## I. Documents to be produced

- (a) An original and a certified copy of all documents must be produced. Birth Certificates must be in the new computerized format issued by the Registry.
- (b) Applicants should produce Birth Certificate, Certificate of Naturalization or Registration as a citizen of Dominica, Adoption Certificate and previous passport as the case may require.
- (c) Married women (including widows and women whose marriages have been dissolved) should produce documents specified above, together with Marriage Certificate, Decree Absolute or Certificate of Annulment.
- (d) An application for a passport for a child under the age of 16 years or an application to include a child under the age of 16 years on the passport of a parent or adoptive parent must be supported by the Birth Certificate of the child.

NOTE:- Where an Order or direction has been made by the High Court or in Chambers or by a Magistrate regarding the custody of a child, such Order must be produced and the nature of the direction

**Change of Name**: If the applicant has changed his or her name, the deed poll recording the change or other evidence showing how and when it was changed must also be submitted.

Persons born outside the Commonwealth of Dominica as constituted on 3<sup>rd</sup> November, 1978, and all persons claiming Citizenship by descent, naturalisation or registration, must complete Section 4B and produce documentary evidence in support of the statement made therein, e.g. Birth Certificate of descent (father/mother), naturalisation or registration document, or other evidence of citizenship

|   | avoid delay, answers to<br>ould be completed in inl  |                     | S                    |                     |                      |                              |                         |  |
|---|--|---------------------|----------------------|---------------------|----------------------|------------------------------|-------------------------|--|
| Please fill out the form in BLOCK CAPITALS.   |  |                     | ALS.                 | APPLICATION No.     |                      |                              |                         |  |
|   | OTE: Do not sign this F<br>notes on page 1.  | Form until you have | read                 |                     |                      |                              |                         |  |
|   |  |                     |                      |                     |                      |                              |                         |  |
|   |  |                     |                      |                     |                      |                              |                         |  |
|   | New  | Passport Number     |                      | Signa               | ature                |                              | РНОТО                   |  |
| _   |  |                     |                      |                     |                      | Marital status:              |                         |  |
| 1   | Surname (state whether Mr., Mrs., Miss, Sr., Fr., Rev. or Dr.):  |                     |                      |                     |                      | Maritar status:              | Single Married Divorced |  |
|   | Christian names (or ot   |                     |                      |                     |                      | [ ] Remarried<br>[ ] Widowed |                         |  |
|   | Maiden Surname: (if applicant is woman who is or has been married)   |                     |                      |                     | PERSONAL DESCRIPTION |                              |                         |  |
|   | Has name been change<br>If so, state original na   | •                   | y marriage?          | [ ] No [ ]          | ] Yes                | Sex: [ ] M [ ] F             |                         |  |
|   | Nicknames/Aliases:   |                     |                      |                     |                      | Height: Feet Inches          |                         |  |
|   | Age at last birthday   | Place of Birth      |                      | Date of Birth (da   | ny/mm/year)<br>/     | Colour of hair               |                         |  |
|   | Profession or occupation   | on:                 |                      |                     |                      | Colour of eyes               |                         |  |
|   | Present address:   |                     |                      |                     |                      | Special peculiars (visible): |                         |  |
|   | Usual place of residen   | ce:                 |                      |                     |                      |                              |                         |  |
|   | Local telephone No.:   | Fax No.:            |                      | E-mail:             |                      | _                            |                         |  |
|   | •  |                     |                      |                     |                      |                              |                         |  |
| 2   | CITIZENSHIP State whether Citizenship of the Commonwealth of Dominica by: [ ] Birth [ ] Descent [ ] Naturalisation [ ] Registration [ ] Adoption   |                     |                      |                     |                      |                              | ~                       |  |
|   | If Citizen of the Commonwealth of Dominica by Registration, Number of Certificate  Naturalization or Adoption, give particulars Certificate  |                     |                      | Place of Issue      | Date of Issue        |                              |                         |  |
|   |  |                     |                      | /                   |                      |                              |                         |  |
| 3   | MARRIED WOMEN  |                     | •                    |                     |                      |                              |                         |  |
|   | Husband's or former h<br>Surname:  | usband's surname a  | nd full Christian na | imes: Christian na  | mes:                 |                              |                         |  |
|   | Place of marriage Date of marr   |                     |                      | riage (day/mm/year) |                      |                              |                         |  |
| 4   | 4 PERSONS BORN ABROAD Persons born in (A) any British Commonwealth country or in Southern Ireland in British protected protected state or mandated or trust or (B) in any foreign country must complete A or B below |                     |                      |                     |                      |                              |                         |  |
|   | A – If applicant's birth was registered as a Citizen of the Commonwealth of Dominica abroad, state:  |                     |                      |                     |                      |                              |                         |  |
|   | Name of Consulate  Date of registration (day/mm/year)  Place and date or Father's/Mother's b (day/mm/year)   |                     |                      |                     |                      | ner's birth                  |                         |  |
|   |  |                     | /                    | /                   | (day/ iiiii/ y       | •                            | /                       |  |
| B – Particulars of applicant's father/mother  (a) If born in the Commonwealth of Dominica |  |                     |                      |                     |                      |                              |                         |  |
|   | Name:  |                     |                      |                     |                      |                              | Sirth:/                 |  |
|   | (b) If Citizen of the Commonwealth of Dominica by naturalisation or registration   |                     |                      |                     |                      |                              |                         |  |
|   | No. of Certificate:  |                     | Place                | of Issue:           |                      | Date of I                    | ssue://                 |  |

| 5 | CHILDREN UNDER 16 (if t  | o be included in the passpo | ort)            |                 |                               |             |                              |
|---|--|-----------------------------|-----------------|-----------------|-------------------------------|-------------|------------------------------|
|   | Christian names in full  | Surname                     | Place of        |                 | Date of birth<br>(dd/mm/year) | Gender      | Relationship<br>to applicant |
|   |  |                             |                 |                 | / /                           |             |                              |
|   |  |                             |                 |                 | / /                           |             |                              |
|   |  |                             |                 |                 | / /                           |             |                              |
| 6 | TO CHIEF PASSPORT OFF  |                             |                 |                 |                               |             |                              |
|   | This is to certify that, I   |                             | (name in full)  |                 | , ;                           | am the pare | ent/adoptive parent of       |
|   | Mr./Mrs./ Miss  I hereby authorize you to issue him/her with a passport of the Commonwealth of Dominica.   |                             |                 |                 |                               |             |                              |
|   | Signature  |                             |                 |                 |                               |             |                              |
| 7 | PASSPORT REQUIRED FOR TRAVELLING TO:   |                             |                 |                 |                               |             |                              |
|   | PURPOSE OF TRAVEL:   |                             |                 |                 |                               |             |                              |
| 8 | DECLARATION (cross out whichever does not apply)  A - I, the undersigned, hereby apply for the issue of a passport (to the above named child).  B - I declare that the information given in this application is correct to the best of my knowledge and belief, and  C - That I have or the child has not lost the status of Citizen of the Commonwealth of Dominica;  D - That I have or the child has not previously held or applied for a passport whatever;  or E - That all previous passports granted to (me or) the child have been surrendered, other than passport or travel document  No:, which is now attached and that I have made no other application for a passport since the attached passport or travel document was issued to me. |                             |                 |                 |                               |             |                              |
|   | Signature Date   |                             |                 |                 |                               |             |                              |
|   | NOTE: If you have had a pass   | port which has been lost, o | cross out D and | l E and complet | e Section 10 of t             | his form.   |                              |
| 9 | RECOMMENDER: I,  |                             |                 |                 |                               |             |                              |
|   | are true, and that I can   |                             |                 |                 |                               |             |                              |
|   | from my personal knowledge of him/her vouch him/her as a fit and proper person to receive a passport. I have known the applicant for   |                             |                 |                 |                               |             |                              |
|   | Signature  |                             |                 |                 |                               |             |                              |
|   | Profession   |                             |                 |                 |                               |             |                              |
|   | Address  |                             |                 |                 |                               |             |                              |
|   | Office Stamp (if any)  |                             |                 |                 |                               |             |                              |
|   | <b>IMPORTANT:</b> Applicant and recommender (see Section 9) <b>are warned</b> that should any statement contained in their respective declarations prove to be untrue, the consequences to them may be serious. The attention of persons who are asked to sign this declaration is specially called to the fact that it must be signed from <i>personal knowledge</i> of the applicant and not from information obtained from other persons, and the recommender should have known the applicant for a least two (2) years.  |                             |                 |                 |                               |             |                              |
|   |  |                             | OR OFFICI       | AL USE          |                               |             |                              |
|   | DOCUMENTS PRODUCED TO BE NOTED HERE  |                             |                 |                 |                               |             |                              |
|   | Applicant's Birth Certificate  | Child's/children's Birth    | n Certificate   | Marriage C      | ertificate                    | 0           | Other documents              |
|   | If pending divorce proceedings, any judicial order or direction made regarding the custody of any child whose name is to be included in the passport, state nature of the order or direction overleaf.   |                             |                 |                 |                               |             |                              |

| 10 | PARTICULARS OF PREVIOUS PASSPORT WHICH HAS BEEN LOST OR IS NOT AVAILABLE FO   | OR PRESENT USE                   |
|----|---|----------------------------------|
|    |   |                                  |
|    | Bearer's full name at time of issue   |                                  |
|    | Circumstances in which passport was lost or destroyed, or other reason for its non-availability:                                    |                                  |
|    |   |                                  |
|    | Place and date of loss  |                                  |
|    | What measures were taken at the time to report loss and to obtain recovery?   |                                  |
|    | Has loss been reported to police?   |                                  |
|    | I certify that the above particulars are correct and undertake in the event of the passport coming again into mean Passport Office. | y possession to return it to the |
|    | Signed Date   |                                  |
|    | SUPPLEMENTARY INFORMATION   |                                  |
|    |   |                                  |
|    |   |                                  |
|    |   |                                  |
|    |   |                                  |
|    |   |                                  |
|    |   |                                  |
|    |   |                                  |
|    | Submitted by:   |                                  |
|    | FOR OFFICIAL USE ONLY   |                                  |
|    |   | OFFICE STAMP                     |
|    | Passport Fee: \$ Penalty Fee: \$  |                                  |
|    | Receipt No.: Penalty Fee Receipt No.:   |                                  |
|    | Received by: (Full name, Rank and Number)   |                                  |
|    | Checked by: (Signature)   |                                  |
|    |   |                                  |
|    | Passport signed by: (Signature)   |                                  |