APPLICATION FOR A GRENADIAN PASSPORT

Please read the following instructions carefully before completing the form.

HOW TO COMPLETE THE FORM

- All relevant sections must be completed by all applicants.
- Answers should be clearly written in the applicant's own handwriting or parent's/guardians in the case of persons under 16 years of age, using pen and block capitals.

SIGNING THE FORM

The Passport Holder must sign the form in the space provided above section 1 and in section 11. For children under 16 yrs. the parent(s) or Guardian(s) must sign section 11 only. Section 12 should be completed by the person verifying the declaration who should be a member of Parliament, Justice of the Peace, Minister of Religion, Medical or Legal Practitioner, Established Civil Servant, Principal and other qualified Teachers, Bank Official, Police Officers from the rank of Inspector or any person of similar standing personally acquainted with the applicant.

A member of the applicant's immediate family is not acceptable as a recommender. The recommender must be a Citizen of Grenada.

DOCUMENTS TO BE PRODUCED

(A) Any person who surrenders with this application a previous machine readable passport establishing his/her identity and nationality will not normally be required to produce any other documents unless the person's name or status has been changed.

(B) Males (married or single) and female who have not been married and children should produce birth certificate or certificate of naturalization or registration as a citizen of Grenada as the case may require.

(C) Married women (including widows and women whose marriage have been terminated) should produce marriage certificate or divorce certificate where applicable.

(D) If the person has changed his or her name, the registered birth certificate or deed poll recording the change must also be submitted.

(E) All documents submitted such as birth, marriage, divorce, registration certificates and deed poll must be in its original form with a photo copy.

(F) Photographs. Two copies of a recent photograph (not more than six months) of the applicant or of a child under the age of sixteen (16) must be included with the application. These portraits must be taken full face without hat or head bands, the portrait shall show the applicant looking directly at the camera. It should have appropriate brightness and contrast if in colour, it should show skin tones naturally. The size of the photographs shall not be longer than 45x35mm (1.77x1.38in) nor smaller than 32x26mm (1.26x1.02in) in height and width. The portraits must be printed on normal thin photographic paper and must not be glazed on the reverse side. The recommender is also required to endorse the reverse side of one copy of the portrait with the words: "I certify that this is a true likeness of the **holder** Mr. /(Mrs./Miss ....." and add his signature.

All nationals in the Diaspora with a lost damage or stolen passport must make application for replacement at any one of the nearest embassy/consulate/Mission office in the country of residence.

CHILDREN UNDER THE AGE OF 16 YRS. may not be granted a passport without the written consent of the legal guardian i.e. the father, or if the father is dead, the mother or in the case of a child born out of wedlock the mother. If the father and mother are dead, a written consent from the person who has legal custody of the child must be submitted. Proof of legal custody must be submitted also.

EMERGENCY CONTACT

It is important to provide information on the person who may be contacted in the event of an emergency.

PLEASE PRINT YOUR ANSWERS IN THE SPACES BELOW WHERE APPLICABLE.

Signature of Passport Holder in the middle of the space provided.

X

Note: Leave this space blank if applying for a passport for a person unable to sign.

1. **Personal Data**

☐ Mr.	Marital Status:	
☐ Mrs.	☐ Single	☐ Widowed
☐ Miss.	☐ Married	☐ Re-married
Other	☐ Divorced	☐ Separated

SURNAME:
(in block capitals)

CHRISTIAN NAME(S):

MAIDEN NAME:

If name has been changed other than by marriage, state original name.

Date of Birth (dd\mm\yyyy)	Place of Birth:	Age last Birthday:	Nationality:
...../...../.....			

Sex	Height	Colour of Eyes	Special Peculiarities (Visible)
☐ Male			
☐ Female	ft. ins.	Colour of Hair	

Country of Residence	Present Address	Permanent Address	Telephone
Occupation			Fax
			E-mail

2. **IF MARRIED, DIVORCED, SEPARATED OR WIDOWED GIVE INFORMATION ON SPOUSE OR FORMER SPOUSE.**

First Name:	Middle Name:	Maiden Name
Date of Marriage (dd\mm\yyyy) ...../...../.....	Place of Marriage	Country of Birth Nationality
Profession or Occupation		State whether married more than once ..... If more than once, particulars of previous marriage or marriages should be given in Section 10 page 3.
Permanent Address		
Mailing Address		
Telephone Home: Business	Fax:	E-mail

3. **Particulars of Parents**

Father First Name Middle Name Surname		Date of Birth	Place of Birth
Mother Name First Name Middle Name Surname Maiden Name		Date of Birth	Place of Birth
Place of Marriage	Date of Marriage	Country of Marriage	
Profession			

4. **CITIZENSHIP OF PASSPORT HOLDER**

Citizen of Grenada by:

☐ Birth ☐ Naturalization ☐ Investment

☐ Descent ☐ Registration

If citizen of Grenada by Descent attach birth certificate of parents(s) to establish parental claim. If citizen of Grenada by naturalization, registration or investment give particulars of registration or naturalization certificate and attach a certified copy of same

Type of Certificate	Certificate No.	Date of Issue	Place of Issue

5. **Person born in any foreign country must complete particulars of parent(s)**

If born in Grenada attach Birth certificate Name:	Place of Birth	Date of Birth

If Citizen of Grenada by naturalization Registration or Investment	Type of Certificate	Certificate Number	Date of Issue	Place of Issue

6. **PASSPORT REQUIRED FOR TRAVELLING TO:**

PURPOSE OF TRAVEL:

7. ***Particulars of previous passport which has been lost or is not available for present use.***
NOTE: A police report must be submitted with the application, together with proof of citizenship.

Passport Number	Date of Issue (dd\mm\yyyy)	Place of Issue

Bearer's full name at time of issue	Place of loss	Date of loss (dd\mm\yyyy)

What measures were taken at time to report loss and to obtain recovery?

How did lost occur?

Has loss been reported to the Police? *(If yes, attach copy of police report)*

8. **CONTACT IN CASE OF EMERGENCY**

Surname:	Christian Name(s)	Telephone Fax E-mail

Address:

Relationship:

9. **PARENT'S CONSENT (See note on page 1)**

I (name) ..... the (relationship) .....

of name(s) .....hereby give my consent for him/her to hold a passport.

Signature .....

10. **SUPPLEMENTARY INFORMATION**

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11. **DECLARATION OF APPLICANT OR DECLARATION ON BEHALF OF CHILD UNDER THE AGE OF 16 YEARS WHERE APPLICABLE**

A ☐ I declare that the information given in the application is correct to the best of my knowledge and belief, and

B ☐ That I have not lost the status of citizen of Grenada.

Choose C, D or E whichever is applicable

C ☐ That I have not held or applied for any passport whatsoever.

D ☐ That all previous Grenadian passports granted to me have been surrendered other than passport or travel document number..... which is now attached and that I have made no other application for a passport since the passport or travel document was issued to me.

E ☐ That I have lost the previous passport.

I certify that I have read and understood all the questions set forth in this application and the answers that I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false, incomplete of misleading information may result in delays in the issuance of a passport and can lead to having criminal proceedings taken against me. I understand that a passport is the property of the Government of Grenada and can be recalled at any time.

Signature: ..... Date .....

Relationship of applicant to passport holder:.....

12. **DECLARATION OF RECOMMENDER**

I (name in capitals) ..... a citizen of Grenada declare that to the best of my knowledge and belief the declaration of Mr./Mrs./Miss. ..... are true and that I can from my personal knowledge of him/her vouch for him/her as a fit and proper person to receive a passport. I have known the applicant for ..... years.

This .....day of ..... 20 ..... Signature: .....

Profession: ..... Address: .....

Telephone No: ..... E-mail:.....

FOR OFFICIAL USE ONLY

DOCUMENTS PRODUCED TO BE NOTED HERE

Applicant's Birth Certificate	Previous Passport	Parent(s) Birth Certificate where applicable	Marriage Certificate	Affidavit where necessary
Divorce Certificate	Registration, Investment or Naturalization Certificate	Letter of Consent	Deed Poll	Photos

OTHER DOCUMENTS

PLACE WHERE APPLICATION WAS RECEIVED:

St. George's, Grenville, Carriacou, Gouyave, New York, Washington, London, Canada, Venezuela, Trinidad, Other specify (..... .....)

Receipt No. .....

Application Received by ..... Date .....

Checked and Approved by ..... Date .....

Supervised by ..... Date .....

Passport No. .....

Date Issued .....

Date Expired .....

Authority Signature .....

Amount of Fees Paid

Passport:

Emergency Service:

Express Service:

Total:

DISTRIBUTION

Delivered to ..... Date .....

Delivered by ..... Date .....