



APPLICATION FORM FOR TRINIDAD AND TOBAGO PASSPORT ADULT (APPLICANTS 16 YEARS AND OVER)

PLEASE PRINT INFORMATION IN BLOCK LETTERS
USING DARK BLUE OR BLACK INK PEN

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.

FOR OFFICIAL USE ONLY

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

1.

SURNAME _____

FIRST NAME _____

MIDDLE NAME(S) _____

MAIDEN NAME _____

FORMER NAME

SURNAME _____

FIRST NAME _____

MOTHER'S MAIDEN NAME

SURNAME _____

FATHER'S FULL NAME

SURNAME _____

FIRST NAME _____

2. PERSONAL INFORMATION

DATE OF BIRTH _____/_____/_____
Day Month Year

SEX MALE FEMALE

PHOTOGRAPH _____

PLACE OF BIRTH _____
TOWN/CITY _____

COUNTRY _____

HEIGHT (CM) _____ COLOUR OF EYES _____

HAIR COLOUR _____

MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED

SEPARATED OTHER

OCCUPATION / PROFESSION _____

HOME ADDRESS

Street Name Town/ City

Town/ City Country

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

Street Name Town/ City

Town/ City Country

WORK ADDRESS, OR IF RESIDENT ABROAD, LOCAL ADDRESS

Street Name Town/ City

Town/ City Country

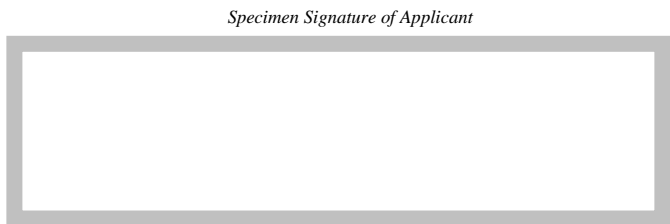
NAME OF FIRM / ORGANIZATION

HOME TEL. NO. _____

MOBILE NO. _____

OFFICE TEL. NO. _____

E-MAIL ADDRESS _____



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

MARRIED WOMEN

PRESENT MARRIAGE DATE OF MARRIAGE _____ PLACE OF MARRIAGE _____
Day / Month / Year

HUSBAND 'S NAME _____
SURNAME _____
FIRST NAME _____
NATIONALITY _____

PREVIOUS MARRIAGE(S)

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

3. PERMISSION FROM PARENT / LEGAL GUARDIAN FOR APPLICANTS UNDER 18 YEARS OF AGE

I, FIRST NAME _____
SURNAME _____

Solemnly declare that I am the _____ of the Applicant, and hereby give permission to
(RELATIONSHIP)

FIRST NAME _____
SURNAME _____

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

4. DECLARATION OF RECOMMENDER

I, FIRST NAME _____
SURNAME _____

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:

OFFICIAL STAMP OF FIRM / ORGANIZATION

NAME OF APPLICANT

FIRST NAME _____
SURNAME _____

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

MY OCCUPATION _____

NAME OF FIRM / ORGANIZATION AND ADDRESS

Name of Firm / Organization

Street Name Town/ City

Town/ City Country
OFFICE TEL. NO. _____ HOME TEL. NO. _____

Dated _____ I.D CARD / PASSPORT # _____ Date of Issue _____
Day / Month / Year Day / Month / Year

Signature of Recommender →



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. CARD / 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. _____

REGISTRATION DISTRICT _____ REGISTRATION DATE ____/____/____
Day Month Year

MARRIAGE CERTIFICATE INFORMATION

CERTIFICATE NO. _____ ISSUE DATE ____/____/____
Day Month Year

ENTRY NO. _____ VOL. NO. _____ FOLIO 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)

Application Approved By

Approving Officer's Stamp

Approving Officer's Signature.....

Supervisor's Signature.....