

CHILD PASSPORT APPLICATION
(FOR TRINIDAD AND TOBAGO CITIZENS UNDER 16 YEARS OF AGE)

INSTRUCTIONS AND GENERAL INFORMATION

Entitlement to a Trinidad and Tobago Passport is Restricted to Citizens of Trinidad and Tobago

ALL children under 16 years **MUST** appear in person at the Miami Consulate to apply for the Machine Readable Passport (MRP) (*whether it is a First Time Issue or a Renewal*) – **BY APPOINTMENT ONLY** if you reside within our Consular Jurisdiction (Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee and Texas).

1. TO SECURE AN APPOINTMENT at the Consulate General, Miami, Florida:-

- Appointments may be scheduled via Telephone: (305) 374-2199 Ext. 317 or requested via email: cgmiamipassportappointments@foreign.gov.tt. **WALK-INS ARE NOT ACCEPTED.**

The child's photo will be taken on the date of the scheduled appointment at no additional cost.

GUIDELINES ON COMPLETION AND SUBMISSION OF APPLICATION FORM

- **THE APPLICATION FORM MUST BE PRINTED ON LEGAL SIZE PAPER (8 1/2" x 14") PRINTED ON BOTH SIDES OF THE PAPER AND IN COLOUR.**
Alternatively, you may send a self-addressed prepaid envelope (10" x 13") and a letter requesting forms to be mailed to your address, if you are unable to print the forms.
- Ensure that the name entered on the application form is the name the applicant wishes to have appear in the passport. If any information on the application form differs from the information on the documentary evidence produced, the applicant may be required to submit a Sworn Declaration to clarify any differences.

THE USE OF CORRECTION TAPE/ LIQUID PAPER IS STRICTLY PROHIBITED ON THE APPLICATION FORM.

2. REQUIREMENTS

THE ORIGINAL DOCUMENTARY EVIDENCE of the child's Trinidad and Tobago Citizenship must be submitted along with two (2) color photocopies.

1. IF THE CHILD WAS BORN IN TRINIDAD AND TOBAGO:-

- Electronic Birth Certificate (Computer generated with PIN Number).
- Last issued Trinidad and Tobago passport (if applicable).
- If the most recent passport is not available or damaged, please follow and complete the **Lost/ Stolen/ Mutilated Passport Checklist** and application form.
- Photo ID (preferably Trinidad and Tobago passport) of the parent that is making the application.

2. IF THE CHILD WAS BORN OUTSIDE OF TRINIDAD AND TOBAGO:-

- Trinidad and Tobago Citizenship Certificate (if applicable).
- Birth Certificate of Child.
- Last issued Trinidad and Tobago Passport (if applicable). If the most recent passport is not available or damaged, please follow and complete the **Lost/ Stolen/ Mutilated Passport Checklist** and application form.
- Foreign Passport for the child.
- Parent's Computerized Trinidad and Tobago Birth Certificate.
- Proof of parent's Trinidad and Tobago Citizenship at the time of the child's birth (includes but not limited to parents' Passport/ Marriage Certificate/ Naturalization or Registration Certificate/ Adoption Certificate (if applicable).

3. CONSENT/ AUTHORISATION OF PARENTS:-

- **Both Parents/ Legal Guardians of the child must appear.** (If ONLY ONE PARENT appears, the second parent must send a notarized letter/form consenting to the passport issuance for the child). The letter/form must be signed and notarized within two (2) weeks of the scheduled appointment and must be accompanied by a notarized coloured copy of the second parent's valid passport or state issued identification.
- **Exceptions.** If the following applies, no authorization from second parent is required:-
 1. If only one parent's name is on the child's birth certificate.
 2. If the second parent is deceased (you must submit the Death Certificate).
 3. If the parents are divorced and there is a Court Order giving full custody or care and control of the child (**Court Order must be produced**).

4. CUSTODY OF CHILD OF SEPARATED OR DIVORCED PARENTS:-

- The parent to whom custody of the child/children has been awarded **MUST** produce evidence of the Court Order and any other documentary evidence as may be required.

5. APPLICATION FEES:-

Fees are paid by MONEY ORDER ONLY and must be made payable to:-

Consulate General of Trinidad and Tobago

THE MAXIMUM PERIOD OF VALIDITY OF THE CURRENT PASSPORT FOR A MINOR IS FIVE (5) YEARS FROM THE DATE OF ISSUE.

COST OF PASSPORTS AND POSTAGE*

- Children Under Age 2 years who reside within Florida, Alabama, Georgia, Kentucky, Louisiana, Texas, Tennessee, Mississippi, North Carolina and South Carolina:-
US\$45.00
- Children Under Age 2 years who reside outside of the above listed States:- **US\$55.00**
- Children Aged 2 to 15 years who reside within Florida, Alabama, Georgia, Kentucky, Louisiana, Texas, Tennessee, Mississippi, North Carolina and South Carolina:-
US\$85.00
- Children Aged 2 to 15 years who reside outside of the above listed States:- **US\$95.00**
- Replacement of a valid Lost, Stolen, Tampered or Mutilated Passport Book: Cost will be determined and communicated to you before the application for a new Machine Readable Passport is processed.
- **Payment Options:** Money Order/ Postal Order or Banker's Check **issued in the United States ONLY (NO PERSONAL OR COMPANY CHECKS ACCEPTED)** made payable to: **Consulate General of Trinidad and Tobago**

ONE MONEY ORDER PER APPLICANT

- **Nationals who reside outside of the Continental United States:-** Must provide an Account Number (eg. FedEx)
- **The above stated fees are inclusive of the return Postage Fee*.**
**Postage Fee is subject to change without notice.*
- **Passports will be mailed upon completion.**

PLEASE DO NOT BEND OR FOLD THE FORMS

CONSENT AUTHORIZATION LETTER

Immigration Officer
Consulate General of the Republic of Trinidad and Tobago
1000 Brickell Avenue
Suite 800
Miami, FL 33131-3047

Dear Sir/Madam

I _____ have no objection to
(NAME OF PARENT OR GUARDIAN -1)

_____ applying for a passport on
(NAME OF PARENT OR GUARDIAN -2)

behalf of our Son/Daughter _____

ADDRESS OF PARENT OR GUARDIAN -1

TELEPHONE NO. OF PARENT OR GUARDIAN -1 _____

Thank you for your assistance.

SIGNATURE

NAME IN BLOCK LETTERS

NB: 1. This letter/form and one (1) coloured copy of the Parent/Guardian's valid ID must be **NOTARIZED** and submitted with the application **OR**;

2. The form and one (1) coloured copy of ID can be **NOTARIZED** before the Immigration Officer if BOTH Parents/Guardians are present at the time of interview.

OFFICIAL USE ONLY

Sworn to before me this _____ day of _____ 20____

SIGNATURE OF NOTARY PUBLIC

PLACE STAMP HERE



APPLICATION FORM FOR TRINIDAD AND TOBAGO PASSPORT INFANT / CHILD (FOR A CHILD UNDER 16 YEARS)

**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. CHILD'S NAME

SURNAME _____

FIRST NAME _____

MIDDLE NAME(S) _____

FORMER NAME

SURNAME _____

FIRST NAME _____

MOTHER'S MAIDEN NAME

SURNAME _____

FATHER'S FULL NAME

SURNAME _____

FIRST NAME _____

2. PERSONAL INFORMATION

DATE OF BIRTH _____ / _____ / _____ SEX MALE [] FEMALE []

Day Month Year

PHOTOGRAPH

PLACE OF BIRTH _____

TOWN / CITY

COUNTRY

HEIGHT (CM) _____ COLOUR OF EYES _____

HAIR COLOUR _____

HOME ADDRESS

Street Name Town/ City

Town / City Zip Code Country

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

Street Name Town/ City

Town / City Zip Code Country

PARENT'S WORK ADDRESS

Street Name Town/ City

Town / City Zip Code Country

NAME OF FIRM / ORGANIZATION

HOME TEL. NO. _____

Specimen Signature of child

PARENT'S MOBILE NO. _____

OFFICE TEL. NO. _____

PARENTS E-MAIL ADDRESS _____



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

DO NOT BEND OR FOLD

3. NAME AND RELATIONSHIP OF APPLICANT ON BEHALF OF CHILD

I, **FIRST NAME** _____
SURNAME _____

Solemnly declare that I am the _____ of the child whose name is:
(RELATIONSHIP)

FIRST NAME _____

SURNAME _____

APPLICANT'S FULL ADDRESS

Street Name Town / City

Town / City Zip Code Country

Dated _____
Day / Month / Year

I.D. / Passport # of Parent / Legal Guardian _____

Signature of Parent/ legal Guardian

Date of Issue _____
Day / Month / Year



4. CUSTODY OF CHILD

(a) Has custody of the child been the subject of a Court Order? YES [] NO [] COURT ORDER NO. _____

DATED _____
Day / Month / Year

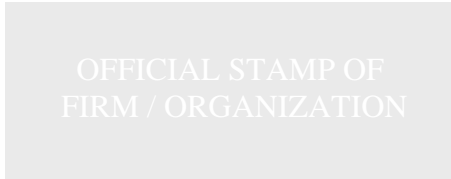
(b) If yes, include all Legal Documents referring to custody of the child.

5. DECLARATION OF RECOMMENDER * (To be completed by the Recommender Only) *

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 :



NAME OF PARENT / LEGAL GUARDIAN

FIRST NAME _____

SURNAME _____

Whom I have known personally for _____ years, and from my knowledge of the child whose name is

CHILD'S NAME

FIRST NAME _____

SURNAME _____

And whose photograph I have certified on the reverse side (applicable to renewals only).

MY OCCUPATION _____

NAME OF FIRM / ORGANIZATION AND ADDRESS

Name of Firm / Organization

Street Name Town / City

Town / City Zip Code Country

OFFICE TEL. NO. _____ **HOME TEL. NO.** _____

Dated _____
Day / Month / Year

I.D./D.P. / PASSPORT # _____

Date of Issue _____
Day / Month / Year

Date of Expiry _____
Day / Month / Year

Signature of Recommender →



6. CITIZEN OF TRINIDAD AND TOBAGO BY:

(A) BIRTH []
 PIN NO. _____
 REGISTRATION DATE _____
Day / Month / Year

CERTIFICATE NO. _____
 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

IS THE CHILD NOW OR HAS 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.			

7. TRINIDAD AND TOBAGO PASSPORT(S) PREVIOUSLY

Has the child 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

8. 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 will be contacted to confirm your identity.

FIRST NAME _____

SURNAME _____

HOME ADDRESS or BUSINESS ADDRESS (IN FULL)

_____ **TEL. CONTACT** _____

FIRST NAME _____

SURNAME _____

HOME ADDRESS or BUSINESS ADDRESS (IN FULL)

_____ **TEL. CONTACT** _____

9. DECLARATION OF APPLICANT ON BEHALF OF CHILD

I _____ solemnly declare that :

- (i) The child is a Trinidad and Tobago citizen.
- (ii) The statements made in this application are true.
- (iii) The photographs enclosed are a true likeness of the child.
- (iv) he/she has no Trinidad and Tobago Passport other than the one(s) listed at section 7; and
- (v) I know the recommender for at least three years.

DATED _____
Day / Month / Year

I.D. / PASSPORT # _____

DATE OF ISSUE _____
Day / Month / Year



Signature of Parent / Legal Guardian

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. _____

MARRIAGE CERTIFICATE INFORMATION

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

ENTRY NO. _____ VOL. NO. / BOOK NO. _____ FOLIO NO. / PAGE 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)

OFFICER'S STAMP

RECEPTION OFFICER _____

DATE ____/____/____
Day Month Year