APPLICATION FORM FOR THE RENEWAL OF TRINIDAD AND TOBAGO MACHINE READABLE PASSPORT (APPLICANTS 16 YEARS AND OVER)

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

WARNING TO ALL APPLICANTS
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 be fined and to 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** DOE-JONES

FIRST NAME JANE

MIDDLE NAMES(S) ANNA-BELLE LISA

MAIDEN NAME

(SURNAME AT BIRTH) DOE

FORMER NAME

SURNAME PAUL

FIRST JANE

2. **PERSONAL INFORMATION**

DATE OF BIRTH 31 / 01 / 69 (Day / Month / Year) SEX MALE [ ] FEMALE [X] HEIGHT (CM) 184 PLACE OF BIRTH SANGRE GRANDE

COUNTRY OF BIRTH TRINIDAD AND TOBAGO COLOUR OF EYES BROWN HAIR COLOUR BLACK

MARITAL STATUS: SINGLE [ ] MARRIED [X] WIDOWED [ ] DIVORCED [ ] SEPARATED [ ] OTHER [ ]

OCCUPATION / PROFESSION TEACHER

HOME ADDRESS

1120 INDUSTRY LANE

WASHINGTON DC 20023

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

WORK ADDRESS (OR IF RESIDENT ABROAD, LOCAL ADDRESS)

1002 PARK DRIVE

ROCKVILLE

NAME OF FIRM / ORGANIZATION

INTELLIGENT COLLEGE

CONTACT INFORMATION

HOME TEL. NO. 2021234567 MOBILE NO. 3011234567

OFFICE TEL. NO. E-MAIL ADDRESS JANE1@YAN.COM

3. **MARRIED WOMEN**

PRESENT MARRIAGE DATE OF MARRIAGE 10 / 12 / 04 (Day / Month / Year) PLACE OF MARRIAGE NEW YORK

HUSBAND'S NAME

SURNAME JONES

FIRST NAME JOHN

NATIONALITY AMERICAN

PREVIOUS MARRIAGE (S)

Date of Marriage (Day/Month/Year)	Husband's Name in Full	Place of Marriage	Husband's Nationality
01/10/99	MATTHEW PAUL	ARIMA	TRINIDADIAN

SIGN WITHIN LINES

ALL APPLICANTS MUST SIGN HERE

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

Specimen Signature of Applicant

4. PARTICULARS OF PASSPORT TO BE RENEWED

PASSPORT NUMBER	DATE OF ISSUE (Day/Month/Year)	PLACE OF ISSUE
TA888888	01/01/11	WASHINGTON DC

5. CITIZENSHIP INFORMATION

ARE YOU NOW OR HAVE YOU EVER BEEN A CITIZEN OF ANY COUNTRY OTHER THAT THE REPUBLIC OF TRINIDAD AND TOBAGO? YES [ ] NO [ ]

If yes, please provide details below

COUNTRY	CITIZENSHIP BY	CERTIFICATE NO.	ISSUE DATE *(Day/Month/Year)*
1. USA	NATURALIZATION	A0000000	02/02/22
2.			

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

FIRST NAME /_/

SURNAME /_/

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

FIRST NAME /_/

SURNAME /_/

To apply for the renewal of his/her Trinidad and Tobago Passport

I.D. / Passport# of Parent / Legal Guardian ______________________ Date of Issue ______/______/______

Dated ______/______/______ *Signature of Parent/Legal Guardian*

7. 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)

NAME /T/O/M/ /S/A/U/Y/E/R/

TEL. CONTACT /3/4/7/1/2/3/4/5/6/7/

(ii)

NAME /F/O/X/ /W/O/O/D/S/

TEL. CONTACT /2/0/2/1/2/3/4/5/6/7/

8. DECLARATION OF APPLICANT

I JANE DOE-JONES solemnly declare that:

- *i.* *I am a citizen of the Republic of Trinidad and Tobago.*
- *ii.* *The statements made in this application are true and correct.*
- *iii.* *The attached photograph enclosed is a true likeness of myself.*
- *iv.* *I shall report to the Immigration Division or the nearest Republic of Trinidad and Tobago Overseas Mission any change in my citizenship.*

DATED 01 / 01 / 16 (*Day / Month / Year*)

SIGN WITHIN LINES

I.D. / PASSPORT# TA888888

ALL APPLICANTS MUST SIGN HERE

Signature

DATE OF ISSUE 01 / 01 / 11 (*Day / Month / Year*)

FOR OFFICIAL USE ONLY

MARRIAGE CERTIFICATE NO.______________ ENTRY NO.__________ ISSUE DATE ______/______/______

DEED POLL NO. ______________ DATED______/______/______

SWORN DECLARATION______________ DATED______/______/______ REF.__________

OTHER INFORMATION (Where Necessary)

OFFICER'S SIGNATURE ______________ OFFICER'S STAMP

DATE ______/______/______ (*Day / Month / Year*)