

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 * (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:

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 Zip Code Country
OFFICE TEL. NO. _____ HOME TEL. NO. _____

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

Date of Expiry _____ / _____ / _____
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. / 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. _____

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 _____
(NAME OF DECLARANT)

DATED ____/____/____ REF. _____
Day Month Year

SWORN DECLARATION _____
(NAME OF DECLARANT)

DATED ____/____/____ REF. _____
Day Month Year

SWORN DECLARATION _____
(NAME OF DECLARANT)

DATED ____/____/____ REF. _____
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