

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

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2. PERSONAL INF	ORM	ATION	1																								—
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PARENTS E-MAIL ADDRESS	s																										
(*N.B. * This form w	ill beca	me void	if the	Specii	nen S	ignati	ure to	ouches	the h	orde	r)																

3. NAME AND REI	LATIONSHIP OF APPLICANT ON BEHALF OF CHILD	
I, FIRST NAME		
SURNAME	<i></i>	
Solemnly declare tha	at I am the of the (RELATIONSHIP)	child whose name is:
FIRST NAME		
SURNAME		
APPLICANT'S FULL ADDRESS	_	
Dated		
I.D./ Passport # of Parent /Legal Guardian		
	Signature of Paren Guardian	t/ legal
Date of Issue	Day Month Year	
4. CUSTODY OF C		
(a) Has custody of	f the child been the subject of a Court Order? YES []	NO [] COURT ORDER NO
(b) If yes, include	all Legal Documents referring to custody of the child.	DATED//
5. DECLARATION	OF RECOMMENDER	
I, FIRST NAME		
SURNAME		
	the applicant whose name is: T/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 photogra	ph I have certified on the reverse side (applicable to renewals only).	
MY OCCUPATION	N ////	
NAME OF FIRM /	ORGANIZATION AND ADDRESS	
/ <u></u> //_//		
/ / / / /	Name of Firm / Organization	
///	Street Name	Town/ City
OFFICE TEL. NO.	// HOME TEL. N	NO////
Dated/		Date of Issue/
	Signature of Recommender	→

6. CITIZEN OF TRINIDAD AND TO	BAGO BY:		
(A) BIRTH []			
PIN NO.		CERTIFICATE NO.	
REGISTRATION DATE Day		REGISTRATION DISTRICT	
(B) DESCENT []	Monin Tear		
CERTIFICATE NO		ISSUE DATE	/
(C) ADOPTION []			Day Monin Tear
CERTIFICATE NO		ISSUE DATE	/////
(D) REGISTRATION [] / NAT	URALISATION []		Day Month Year
CERTIFICATE NO.		ISSUE DATE	/
IS THE CHILD NOW OR HAS EVER E If yes, please provide details below	BEEN A CITIZEN OF ANY COUNTR	RY OTHER THAN TRINIDAD AND TO	
COUNTRY	CITIZENSHIP BY	CERTIFICATE NO.	ISSUE DATE (Date/Month/Year)
1.			
2.			
3.			
7. TRINIDAD AND TOBAGO PASSP			
Has the child been issued any Trinidad ar	nd Tobago Passport(s) or other Trinida	d and Tobago travel Documents?	YES[] NO[]
If YES, list in the Table provided and	PASSPORT NO.	DATE OF ISSUE (Date/Month/Year)	PLACE OF ISSUE
submit most recently issued document			
8. ADDITIONAL REFERENCES			
Please provide the following information These persons will be contacted to confir		not relatives and have known you for at le	east three years.
FIRST NAME ////			
SURNAME			
HOME ADDRESS or BUSINESS AD	DRESS (IN FULL)		
<i> </i>			
		TEL. CONTACT / / /	
·		, <u></u>	
FIRST NAME			
CVDV4.45			
SURNAME			
HOME ADDRESS or BUSINESS AD	DRESS (IN FULL)		
<i> </i>			
<i> </i>		TEL. CONTACT ///	
9. DECLARATION OF APPLICANT	ON BEHALF OF CHILD		
I		solemnly dec	clare that :
(i) The child is a Trinidad and Tobago (ii) The statements made in this applicat (iii) The photographs enclosed are a true (iv) he/she has no Trinidad and Tobago (v) I know the recommender for at least	ion are true. likeness of the child. Passport other than the one(s) listed at	section 7; and	
DATED/_	/ Month Year		
I.D. CARD / PASSPORT #	monin 1ear		
DATE OF ISSUE	/	Cianatur	e of Parent / Legal Guardian
Day -	Month Vear	signature	oj rarem / Legai Guaraian

FOR OFFICIAL USE ONLY

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