



# APPLICATION FORM FOR TRINIDAD AND TOBAGO PASSPORT (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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 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 \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)**

\_\_\_\_\_ Street Name \_\_\_\_\_ Town/City \_\_\_\_\_

\_\_\_\_\_ Town/City \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**WORK ADDRESS, OR IF RESIDENT ABROAD, LOCAL ADDRESS**

\_\_\_\_\_ Street Name \_\_\_\_\_ Town/City \_\_\_\_\_

\_\_\_\_\_ Town/City \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**NAME OF FIRM / ORGANIZATION**

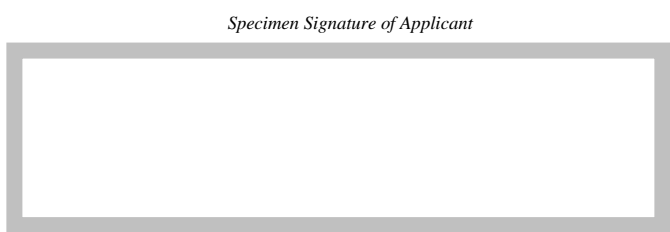
\_\_\_\_\_

**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)

DO NOT BEND OR FOLD

**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. \_\_\_\_\_

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