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

PHOTOGRAPH

DATE OF BIRTH ___ / ___ / ___ (*Day* / *Month* / *Year*) SEX MALE [ ] FEMALE [ ]

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.

PARENT'S 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. _____

(b) If yes, include all Legal Documents referring to custody of the child. DATED ___/___/___
Day *Month* *Year*

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: ___/___/___ *I.D./ D.P. / PASSPORT #* _____ *Date of Issue* ___/___/___
Day *Month* *Year* *Day* *Month* *Year*

Date of Expiry ___/___/___
Day *Month* *Year*

Signature of Recommender →

6. 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)

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 _____ *(NAME OF DECLARANT)* **DATED** ____/____/____ (Day / Month / Year) **REF.** _____

SWORN DECLARATION _____ *(NAME OF DECLARANT)* **DATED** ____/____/____ (Day / Month / Year) **REF.** _____

SWORN DECLARATION _____ *(NAME OF DECLARANT)* **DATED** ____/____/____ (Day / Month / Year) **REF.** _____

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)