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

TRINIDAD & TOBAGO IMMIGRATION DIVISION

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 /__/

FIRST NAME /__/

MIDDLE NAME(S) /__/

MAIDEN NAME *(SURNAME AT BIRTH)* /__/

FORMER NAME
SURNAME /__/

FIRST /__/

2. PERSONAL INFORMATION

DATE OF BIRTH ____/____/____ (*Day Month Year*) SEX MALE [ ] FEMALE [ ] HEIGHT (CM) ______ PLACE OF BIRTH ______

COUNTRY OF BIRTH ______ COLOUR OF EYES /__/__/__/__/__/__/__/ HAIR COLOUR /__/__/__/__/__/__/__/

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

OCCUPATION / PROFESSION /__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/

HOME ADDRESS

/__/

/__/

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

/__/

/__/

WORK ADDRESS (OR IF RESIDENT ABROAD, LOCAL ADDRESS)

/__/

/__/

NAME OF FIRM / ORGANIZATION

/__/

CONTACT INFORMATION

HOME TEL. NO. /__/__/__/__/__/__/__/__/ MOBILE NO. /__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/

OFFICE TEL. NO. /__/__/__/__/__/__/__/__/ E-MAIL ADDRESS /__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/

3. MARRIED WOMEN

PRESENT MARRIAGE DATE OF MARRIAGE ____/____/____ (*Day Month Year*) PLACE OF MARRIAGE ______

HUSBAND'S NAME

SURNAME /__/

FIRST NAME /__/

NATIONALITY /__/

PREVIOUS MARRIAGE(S)

Date of Marriage (Day/Month/Year)	Husband's Name in Full	Place of Marriage	Husband's Nationality

4.

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

Specimen Signature of Applicant

5. PARTICULARS OF PASSPORT TO BE RENEWED

PASSPORT NUMBER	DATE OF ISSUE (Day/Month/Year)	PLACE OF ISSUE

6. CITIZENSHIP INFORMATION

ARE YOU NOW OR HAVE YOU EVER BEEN A CITIZEN OF ANY COUNTRY OTHER THAN 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.			
2.			

7. 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

8. 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 /__/

TEL. CONTACT /__/__/__/__/__/__/__/__/__/__/__/__/__/__/

(ii)

NAME /__/

TEL. CONTACT /__/__/__/__/__/__/__/__/__/__/__/__/__/__/

9. DECLARATION OF APPLICANT

I ____ solemnly declare that:

- *i. I am a citizen if 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 ______/______/______
Day Month Year

I.D. / PASSPORT# ______________________

DATE OF ISSUE ______/______/______
Day Month Year

Signature

FOR OFFICIAL USE ONLY

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

DEED POLL NO. ______________________ DATED ______/______/______

SWORN DECLARATION ______________________ DATED ______/______/______ REF. __________

OTHER INFORMATION (Where Necessary)

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____

OFFICER'S SIGNATURE ______________________ OFFICER'S STAMP

DATE OF ISSUE ______/______/______
Day Month Year