



**Consulate General of the  
Republic of Trinidad and Tobago**

Tel: (212) 682-7272  
Fax: (212) 232-0368  
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125 Maiden Lane  
4<sup>th</sup> Floor  
New York, NY, 10038

\*DSC: DIPLOMATIC SERVICE CHARGE  
\*\* RESEARCH (payable when passport is unavailable)  
\*\*\*MRP- MACHINE READABLE PASSPORT

SERVICE	COST	CONSULAR FEES	TOTAL
RESTORATION	\$89.00	*DSC - \$5.00	\$94.00
RENUNCIATION	\$23.00	*DSC - \$5.00	\$28.00
VISAS (SINGLE ENTRY)	\$33.00	*DSC - \$20.00	\$53.00
VISAS (MULTIPLE ENTRIES)	\$65.00	*DSC - \$20.00	\$85.00
NEW/RENEWED MRP	\$40.00	*DSC - \$20.00	\$60.00
BUSINESS PASSPORT	\$56.00	*DSC - \$20.00	\$76.00
CERTIFICATE OF TRINIDAD & TOBAGO CITIZENSHIP	\$18.00	*DSC - \$5.00 **RESEARCH - \$20.00	\$23.00 \$43.00
LOST VALID PASSPORT	\$217.00	***MRP - \$159.00 *DSC - \$20.00 Notarization - \$18.00 **RESEARCH - \$20.00	\$217.00
LOST EXPIRED PASSPORT	\$98.00	***MRP - 40.00 *DSC - \$20.00 **RESEARCH - \$20.00 Notarization - 18.00	\$98.00
EMERGENCY CERTIFICATE	GRATIS	*DSC - \$20.00 PROCESSING - \$5.00 **RESEARCH- \$20.00	\$25.00 \$45.00
POSTAGE: PRIORITY OVERNIGHT	\$24.00	-	\$24.00
PRIORITY 2-3 DAYS	\$15.00		\$15.00
SWORN DECLARATION/AFFIDAVIT	\$40.00	*DSC - \$5.00	\$45.00
FALSE DECLARATION STATEMENT	\$55.00	*DSC - \$5.00	\$60.00
SICK LEAVE APPLICATION AND VERIFICATION OF MEDICAL CERTIFICATES	GRATIS	*DSC - \$5.00	\$5.00
NOTARIZATION	\$18.00	*DSC - \$5.00	\$23.00
POLICE CERTIFICATE OF CHARACTER	\$8.50 (International Money Order)	*DSC - \$5.00	\$8.50 (International Money Order) \$5.00
FIRST TIME ELECTRONIC BIRTH CERTIFICATE APPLICATION	GRATIS	*DSC - \$5.00	\$5.00
PAID BIRTH CERTIFICATE	\$6.00	*DSC - \$5.00	\$11.00
MARRIAGE CERTIFICATE	\$6.00	*DSC - \$5.00	\$11.00
DEATH CERTIFICATE	\$6.00	*DSC - \$5.00	\$11.00
ADOPTION CERTIFICATE	\$6.00	*DSC - \$5.00	\$11.00
HUMAN REMAINS	\$32.00	*DSC - \$5.00	\$37.00
CREMATED REMAINS	\$32.00	*DSC - \$5.00	\$37.00
BIRTH CERTIFICATE CORRECTION	\$5.00	-	\$5.00
BIRTH CERTIFICATE SEARCH (each)	\$5.00	-	\$5.00
CERTIFICATE OF NON-IMPEDIMENT	\$28.00	Search - \$15.00 Certificate - \$8.00 *DSC \$5.00	\$28.00
<b>Effective September 03, 2018</b>			



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Website: <https://foreign.gov.tt/cgnewyork>

## **PASSPORT APPLICATION**

### **For Trinidad and Tobago Citizens 16 years of age and over**

### **INSTRUCTIONS AND GENERAL INFORMATION**

### **ENTITLEMENT TO A TRINIDAD AND TOBAGO PASSPORT IS RESTRICTED TO CITIZENS OF TRINIDAD AND TOBAGO ONLY.**

***ALL first-time applicants for the Machine Readable Passport MUST appear in person. PHOTO WILL BE TAKEN ON THE DATE THE APPLICATION IS ACCEPTED AT NO ADDITIONAL COST.***

#### **1. CITIZENSHIP**

**Original** documentary evidence of your Trinidad and Tobago Citizenship must be submitted.

If you were born in Trinidad and Tobago, you must provide the following documents:

- **Electronic Birth Certificate** – Computer generated with pin number.
- **Trinidad and Tobago Identification Card** and /or **Previous Passport or Driver's License** ○ (U.S. residents – where applicable, **ARC (green card)** /or a **valid state issued photo I.D.**)
- If you acquired citizenship of another country, you must produce the **citizenship certificate** of that country. The **date of acquisition** must be stated.
- **Restoration Certificate** (where applicable).
- **Passport of Countries of other citizenship.**

If you were born outside of Trinidad and Tobago and are a citizen by any of the following, you must submit:

- **Descent-** Birth Certificate, valid form of identification (passport/driver's license), proof of parents' Trinidad and Tobago citizenship; their birth certificates, marriage certificates and passports, Trinidad and Tobago citizenship certificates, etc.
- **Registration-** Certificate of Registration, Birth Certificate, other documents as may be required.
- **Naturalisation-** Certificate of Naturalisation, Birth Certificate, other documents as may be required.
- **Adoption-** Certificate of Adoption. Other documents as may be required.

**Submit Affidavit(s)/Deed Poll(s) / Legal Name Change Documents (where applicable). Female Applicants who are/were married must submit their Marriage Certificate(s) and Divorce Decree(s) /or Death Certificate(s)**

***\*N.B.\* ONE (1) COLOURED COPY OF ALL DOCUMENTS MUST ACCOMPANY ORIGINALS.***

## **2. REQUIREMENTS**

The applicant **must** –

- Complete and sign the application form. The use of correction fluid is strictly prohibited.
- Have the application form signed by an eligible recommender at Section 4 (if applicable).
- Submit the most recently issued passport in which his/her name appears, even if expired.
- Ensure that the name entered on the application form is the name the applicant wishes to appear in the passport.
- Provide evidence of any change of name, other than by marriage, by submitting a **Deed Poll or Legal Name Change Document**

## **3. APPLICATION FEE AND VALIDITY OF PASSPORTS**

Fees are paid by money order only and made payable to “Consulate General of Trinidad and Tobago”.

- Applicants aged 16 to 59 years – sixty (\$60.00) dollars
- Applicants 60 years and over – twenty (\$20.00) dollars
- Postage (if required) - twelve (\$12.00) dollars

The maximum period of validity is **TEN (10)** years from the date of issue.

## **4. REPLACEMENT OF LOST, STOLEN OR MUTILATED PASSPORT**

Documents to be produced:

- Completed Passport Application form.
- A Notification Form for a Lost, Stolen or Mutilated Passport, which must be certified by a Commissioner of Affidavits or Justice of The Peace.
- One passport sized photograph.
- All documents which were submitted with previous application (Original Birth Certificate etc).
- An Incident report from Police Station in the Applicant’s district stating that the loss was reported. (IF AVAILABLE)
- In the case of destruction by fire, a report from the Fire Authorities would be required in lieu of a Police certificate.
- Other documents as may be required at the time of interview for a replacement passport.

*It is to be noted that the reported Lost, Stolen or Mutilated Machine Readable Passport will be de-activated upon submission of the relevant forms and as a result, would no longer be valid for travel.*



# 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** \_\_\_\_\_

*Specimen Signature of Applicant*



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

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)

\_\_\_\_\_  
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\_\_\_\_\_

**OFFICER'S STAMP**

RECEPTION OFFICER \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year