



# 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**

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SEX MALE [ ] FEMALE [ ]

Day Month Year

PHOTOGRAPH

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. \_\_\_\_\_

PARENTS 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. \_\_\_\_\_

DATED \_\_\_\_\_  
Day / Month / Year

(b) If yes, include all Legal Documents referring to custody of the child.

**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 \_\_\_\_\_  
Day / Month / Year

I.D./D.P. / PASSPORT # \_\_\_\_\_

Date of Issue \_\_\_\_\_  
Day / Month / Year

Date of Expiry \_\_\_\_\_  
Day / Month / Year

Signature of Recommender →



**6. CITIZEN OF TRINIDAD AND TOBAGO BY:**

(A) BIRTH [ ]  
 PIN NO. \_\_\_\_\_  
 REGISTRATION DATE \_\_\_\_\_  
Day / Month / Year

CERTIFICATE NO. \_\_\_\_\_  
 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