



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 / P / E / T / E / R / S /
FIRST NAME / J / A / N / E /
MIDDLE NAME(S) / M / A / R / I / A /
MAIDEN NAME / Z / A / C / K /
FORMER NAME
SURNAME / Z / A / C / K / - D / O / E /
FIRST NAME / J / A / N / E /
MOTHER'S MAIDEN NAME
SURNAME / J / A / M / E / S /
FATHER'S FULL NAME
SURNAME / Z / A / C / K /
FIRST NAME / G / E / O / R / G / E /

2. PERSONAL INFORMATION
DATE OF BIRTH 21 / 07 / 1971 **SEX** MALE [] FEMALE [X] **PHOTOGRAPH**
PLACE OF BIRTH / S / A / N / F / E / R / N / A / N / D / O /
TOWN / CITY
/ T / R / I / N / I / D / A / D / A / N / D / T / O / B / A / G / O /
COUNTRY
HEIGHT (CM) 156 **COLOUR OF EYES** / B / R / O / W / N /
HAIR COLOUR / B / L / A / C / K /
MARITAL STATUS: SINGLE [] MARRIED [X] WIDOWED [] DIVORCED []
SEPARATED [] OTHER []

OCCUPATION / PROFESSION / S / U / P / E / R / V / I / S / O / R /
HOME ADDRESS
/ 1 / 1 / 1 / 2 / I / N / D / U / S / T / R / Y / L / A / N / E / , R / O / C / K / V / I / L / L / E /
Street Name Town / City
/ M / D / 1 / 0 / 0 / 2 / 3 / U / S / A /
Town / City Zip Code Country
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)
Street Name Town / City Zip Code Country
WORK ADDRESS, OR IF RESIDENT ABROAD, LOCAL ADDRESS
/ 1 / 0 / 0 / M / A / I / D / E / N / L / A / N / E / , L / A / U / R / E / L /
Street Name Town / City
/ M / D / 2 / 0 / 1 / 0 / 3 / U / S / A /
Town / City Zip Code Country
NAME OF FIRM / ORGANIZATION
/ S / T . J / A / M / E / S / S / E / C / O / N / D / A / R / Y /

HOME TEL. NO. / 3 / 0 / 1 / - / 2 / 4 / 5 / - / 3 / 4 / 6 / 8
MOBILE NO. / 2 / 0 / 2 / - / 3 / 2 / 1 / - / 4 / 5 / 7 / 9
OFFICE TEL. NO. / 2 / 0 / 2 / - / 4 / 2 / 0 / - / 0 / 0 / 3 / 6
E-MAIL ADDRESS JACKJANE1@ZMAIL.COM

Specimen Signature of Applicant

Jane Peters

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

DO NOT BEND OR FOLD

5. CITIZEN OF TRINIDAD AND TOBAGO BY:

(A) BIRTH [X]
 PIN NO. 9876543210
 REGISTRATION DATE 30 / 07 / 1971
Day Month Year

CERTIFICATE NO. B6543210
 REGISTRATION DISTRICT SAN FERNANDO

(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 [X] NO []
 If yes, please provide details below

COUNTRY	CITIZENSHIP BY	CERTIFICATE NO.	ISSUE DATE (Date/Month/Year)
1. UNITED STATES	NATURALIZATION	76543210	06/10/2001
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 [X] 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
T543210	01/12/1981	NEW YORK

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 P E T E R
SURNAME R A B B I T
HOME ADDRESS or BUSINESS ADDRESS (IN FULL)
531 HIBISCUS DRIVE, BALTIMORE
MD 11302 TEL CONTACT 301-456-3245

(ii)
FIRST NAME N I C O L E
SURNAME F R O S T
HOME ADDRESS or BUSINESS ADDRESS (IN FULL)
921 TALBOTT LANE, WASHINGTON DC
21406 TEL CONTACT 202-348-6018

8. DECLARATION OF APPLICANT

I JANE MARIA PETERS 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 06 / 08 / 2017
Day Month Year

I.D. / PASSPORT # MD-DL #M-321-654-987-001

Signature →

Jane Peters

DATE OF ISSUE 26 / 05 / 2016
Day Month Year

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)

OFFICER'S STAMP

RECEPTION OFFICER _____

DATE ____/____/____
Day Month Year