



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 / D O E / _____

FIRST NAME / A N N A / _____

MIDDLE NAME(S) / S U S A N / _____

FORMER NAME
SURNAME / _____

FIRST NAME / _____

MOTHER'S MAIDEN NAME
SURNAME / J A M E S / _____

FATHER'S FULL NAME
SURNAME / D O E / _____

FIRST NAME / A N D Y / _____

2. PERSONAL INFORMATION

DATE OF BIRTH 21 / 11 / 2004 Day Month Year **SEX** MALE [] FEMALE [X] PHOTOGRAPH

PLACE OF BIRTH / S I L V E R S P R I N G / M A R Y L A N D / TOWN / CITY
/ U N I T E D S T A T E S O F A M E R I C A / COUNTRY

HEIGHT (CM) 152 **COLOUR OF EYES** / B R O W N / _____

HAIR COLOUR / B L A C K / _____

HOME ADDRESS
/ 1 2 3 / H A P P Y / H I L L / W A Y / _____
Street Name Town / City
/ R O C K / V I L L E / _____ 2 0 / 7 8 9 / _____ M / D / _____
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
/ 7 8 9 / S E S A M E / S T R E E T / _____ T O W N / _____
Street Name Town / City
/ F U N / C I T Y / _____ 2 0 3 4 5 / _____ M / D / _____
Town / City Zip Code Country

NAME OF FIRM / ORGANIZATION
/ _____ / _____ / _____ / _____

HOME TEL. NO. / 2 0 2 / - 3 2 1 / - 4 5 6 7

PARENT'S MOBILE NO. / 2 0 2 / - 6 7 8 / - 1 2 3 4

OFFICE TEL. NO. / _____ / _____ / _____ / _____

PARENTS E-MAIL ADDRESS mom@dad.com

Specimen Signature of child

**CHILD MUST SIGN HERE.
DO NOT TOUCH BORDERS OF BOX
WHEN SIGNING.**

DO NOT BEND OR FOLD

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

6. CITIZEN OF TRINIDAD AND TOBAGO BY:

(A) BIRTH []
 PIN NO. _____
 REGISTRATION DATE _____
Day Month Year

CERTIFICATE NO. _____
 REGISTRATION DISTRICT _____

(B) DESCENT [X]
 CERTIFICATE NO. **502136**
 (C) ADOPTION []
 CERTIFICATE NO. _____
 (D) REGISTRATION [] / NATURALISATION []
 CERTIFICATE NO. _____

ISSUE DATE **19 / 12 / 2004**
Day Month Year

Day Month Year

Day Month Year

IS THE CHILD NOW OR HAS 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.	U.S.A	BIRTH	502136	19 - 12 - 2004
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 [X]

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 G O R D O N

SURNAME H I L L

HOME ADDRESS or BUSINESS ADDRESS (IN FULL)

4 6 / C A N D Y / S T R E E T / B A L T I M O R E /
M D / 2 0 6 5 4 / TEL CONTACT 3 0 1 - 6 5 4 - 0 0 9 8

FIRST NAME W I L L I A M

SURNAME P E T E R

HOME ADDRESS or BUSINESS ADDRESS (IN FULL)

1 0 1 / V A L L E Y / V I E W / R I C H M O N D /
V A / 3 2 0 5 6 / TEL CONTACT 6 4 0 - 4 5 6 - 1 0 0 1

9. DECLARATION OF APPLICANT ON BEHALF OF CHILD

I MARIA JAMES-DOE 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 01 / 09 / 2007
Day Month Year
 I.D. / PASSPORT # MD-DL # 0123456789
 DATE OF ISSUE 04 / 10 / 2012
Day Month Year

DO NOT TOUCH BORDERS OF BOX WHEN SIGNING.

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

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

SWORN DECLARATION _____ DATED ____/____/____ REF. _____
(NAME OF DECLARANT) 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