

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 ΓΥΡΕ	ORIGIN	RECEIPT #	PASSPORT #	
EXPEDITED	PICK UP	DATE DATE OF ISSUE		
PRE-PAID SHIPPING	REASON FOR APPLICATION	VALID TO		
1. CHILD'S NA SURNAME	ME //////////			
FIRST NAME	<i> </i>			
MIDDLE NAME(S)//_/_/_///_	_////		
FORMER NAME SURNAME	///////////_			
FIRST NAME	<u> </u>			
MOTHER'S MAID SURNAME	DEN NAME			
FATHER'S FULL	NAME ///////////	_////		
FIRST NAME	///////////			
2. PERSONAL INF	ORMATION			
DATE OF BIRTH	//	SEX MALE [] FEMALE []	PHOTOGRAPH
PLACE OF BIRTH	<i></i>	TOWN / CITY		
	<i> </i>	COUNTRY		
HEIGHT (CM)	COLOUR OF EYES	s ///		
HAIR COLOUR	/	_//		
HOME ADDRESS				
////		///		
	Town /City	Zip Code		_///
MAILING ADDRE	SS (IF DIFFERENT FROM HOME ADD	(
/// ///	Street Name		Town/ City	
PARENT'S WORK	Town /City ADDRESS	Zip Code	Country	
///		////		
///	Street Name	///	Town/ City _////	_///
NAME OF FIRM /	Town /City ORGANIZATION	Zip Code	Country	
///		///		
HOME TEL. NO.	/////	_//	Specimen Signature of child	
PARENT'S MOBILE NO.	///////////			
OFFICE TEL. NO.		_//		
PARENTS E-MAIL ADDRESS	S			
*N.B. * This form will	become void if the Specimen Signature tou	ches the border)		

3. NAME AND REL	ATIONSHIP OF APPLICANT ON BEHALF OF O	CHILD					
I, FIRST NAME	<i> </i>						
SURNAME	<i> </i>						
Solemnly declare that	I am the(RELATIONSHIP)	of the child whose na	ne is:				
FIRST NAME	(RELATIONSHIP)						
SURNAME	<i> </i>						
APPLICANT'S	<i> </i>						
FULL ADDRESS		Town / City					
Dated	/						
I.D. / Passport # of Parent /Legal Guardian		Signature of Parent/ legal Guardian					
Date of Issue	Day Month Year	_					
4. CUSTODY OF CI							
(a) Has custody of	the child been the subject of a Court Order?	YES[] NO[]	COURT ORDER NO				
	all Legal Documents referring to custody of the child.	D 1 0 1) t	Day Month Year				
	OF RECOMMENDER * (To be completed by the	Recommender <u>Only)</u> *					
I, FIRST NAME	/////////////						
SURNAME							
and belief, all stater my knowledge of th	nat I am a citizen of Trinidad and Tobago and to the be ments made in this application form are true. I make the applicant whose name is: (7 / LEGAL GUARDIAN)						
FIRST NAME							
SURNAME							
Whom I have known	personally for years, and from	my knowledge of the child whose	e name is				
CHILD'S NAME							
FIRST NAME	<i> </i>						
SURNAME	<i> </i>						
And whose photograph I have certified on the reverse side (applicable to renewals only).							
MY OCCUPATION							
NAME OF FIRM / (DRGANIZATION AND ADDRESS						
			///// ///////				
////_	Town /City Zip Co						
OFFICE TEL. NO.		/ HOME TEL. NO/					
Dated/	/		Date of Issue/				
		_	Date of Expiry/				
		Signature of Recommender					

6. CITIZEN OF TRINIDAD AND TOBAC	GO BY:		
(A) BIRTH [] PIN NO.	C	ERTIFICATE NO.	
REGISTRATION DATE Day	Month Year	EGISTRATION DISTRICT	
(B) DESCENT [] CERTIFICATE NO.		ISSUE DATE	/
(C) ADOPTION [] CERTIFICATE NO.		ISSUE DATE	Day Month Year
(D) REGISTRATION [] / NATURA	LISATION []	ISSUE DATE	Day Month Year
IS THE CHILD NOW OR HAS EVER BEEN If yes, please provide details below	A CITIZEN OF ANY COUNTR'	Y OTHER THAN TRINIDAD AND TO	OBAGO? YES [] NO []
COUNTRY	CITIZENSHIP BY	CERTIFICATE NO.	ISSUE DATE (Date/Month/Year)
Lo			
2.			
3.			
7. TRINIDAD AND TOBAGO PASSPORT Has the child been issued any Trinidad and To		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
sacra according to the control of th			
8. ADDITIONAL REFERENCES Please provide the following information with These persons will be contacted to confirm yo FIRST NAME	ur identity.	ot relatives and have known you for at le	east three years.
SURNAME			
HOME ADDRESS or BUSINESS ADDRE	ESS (IN FULL)		
		EL. CONTACT ///	
FIRST NAME			
SURNAME		_////////	
HOME ADDRESS or BUSINESS ADDRE	ESS (IN FULL)		
'		'	
	//// <i>T</i> .	EL. CONTACT	
O. DECLARATION OF APPLICANT ON I	BEHALF OF CHILD		
		solemnly dec	lare that :
i) The child is a Trinidad and Tobago citize ii) The statements made in this application a iii) The photographs enclosed are a true like iv) he/she has no Trinidad and Tobago Pass v) I know the recommender for at least thre	re true. ness of the child. port other than the one(s) listed at s	section 7; and	
DATED/	/		
Day Mo.	nth Year		
DATE OF ISSUE Day Mo.	nth Year	Signature	of Parent / Legal Guardian

FOR OFFICIAL USE ONLY PREQUALIFICATION OFFICER DATE Month **BIRTH CERTIFICATE INFORMATION** COMPUTER GENERATED CERTIFICATE [] CERTIFICATE NO.___ REGISTRATION DISTRICT REGISTRATION DATE _ ENTRY NO.___ MANUAL CERTIFICATE [] CERTIFICATE NO._____ REGISTRATION DATE _ REGISTRATION DISTRICT Day Month Year ENTRY NO.____ VOL. NO. _ PAGE NO. CHAPTER SECTION CITIZENSHIP BY DESCENT CERTIFICATE INFORMATION CERTIFICATE NO. _ ISSUE DATE _ CHAPTER SECTION ADOPTION CERTIFICATE INFORMATION CERTIFICATE NO.__ BOOK. NO. _____ ENTRY NO.___ PAGE NO. MARRIAGE CERTIFICATE INFORMATION CERTIFICATE NO._____ ISSUE DATE . ____VOL. NO. / BOOK NO.____ ENTRY NO.__ FOLIO NO. / PAGE NO._ REGISTRATION / NATURALISATION CERTIFICATE INFORMATION ISSUE DATE _ CERTIFICATE NO. _ 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_ Month DECREE ABSOLUTE DATED_ Day Month OTHER INFORMATION (Where Necessary)

OFFICER'S STAMP

RECEPTION OFFICER

Month

Year

DATE / /