



APPLICATION FORM FOR TRINIDAD AND TOBAGO PASSPORT ADULT (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 _____ Country _____

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

_____ Street Name _____ Town/ City _____

_____ Town/ City _____ Country _____

WORK ADDRESS, OR IF RESIDENT ABROAD, LOCAL ADDRESS

_____ Street Name _____ Town/ City _____

_____ Town/ City _____ 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)

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. CARD / 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. _____

REGISTRATION DISTRICT _____

REGISTRATION DATE _____
Day / Month / Year

MARRIAGE CERTIFICATE INFORMATION

CERTIFICATE NO. _____

ISSUE DATE _____
Day / Month / Year

ENTRY NO. _____ VOL. NO. _____

FOLIO 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)

Application Approved By

Approving Officer's Stamp

Approving Officer's Signature.....

Supervisor's Signature.....