



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 [] PHOTOGRAPH _____

Day | Month Year

PLACE OF BIRTH _____

TOWN / CITY _____

COUNTRY _____

HEIGHT (CM) _____ COLOUR OF EYES _____

HAIR COLOUR _____

HOME ADDRESS

Street Name _____ Town/ City _____

Town / City _____ Country _____

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

Street Name _____ Town/ City _____

Town / City _____ Country _____

PARENT'S WORK ADDRESS

Street Name _____ Town/ City _____

Town / City _____ Country _____

NAME OF FIRM / ORGANIZATION

HOME TEL. NO. _____

PARENT'S MOBILE NO. _____

OFFICE TEL. NO. _____

PARENTS

E-MAIL ADDRESS _____

Specimen Signature of child



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

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 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

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 :

OFFICIAL STAMP OF FIRM / ORGANIZATION

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 Country

OFFICE TEL. NO. _____ **HOME TEL. NO.** _____

Dated _____ I.D CARD / PASSPORT # _____ Date of Issue _____
Day / Month / Year 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. CARD / 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. _____

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 _____ 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)

Application Approved By

Approving Officer's Stamp

Approving Officer's Signature.....

Supervisor's Signature.....