

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 _____ *Zip Code* _____ *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 * (To be completed by the Recommender Only) *

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 :



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 _____ *Zip Code* _____ *Country* _____

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

Dated _____
Day / Month / Year

I.D./ D.P. / PASSPORT # _____

Date of Issue _____
Day / Month / Year

Date of Expiry _____
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. / 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. _____

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