Jamaican Passport Application Form

PLEASE READ THE INFORMATION SHEET CAREFULLY BEFORE COMPLETING THIS FORM

NOT TO BE SOLD

A APPLICANT'S PERSONAL DATA

Surname (Last Name):

First Name:

Middle Name(s):

Maiden Surname (family name at birth):

Previous Name (If name has been changed other than by marriage):

Profession or Occupation:

Marital Status:

Single ☐ Divorced ☐ Married ☐ Widowed ☐

Eye Colour:

Dark Brown ☐ Brown ☐ Grey ☐

Grey Blue ☐ Blue ☐ Hazel ☐

Chestnut ☐ Black ☐ Mixed ☐

Other colour .....

Place of Birth (Town, City and Parish):

Date of Birth:
Day / *Month* / *Year*

Sex
Male ☐ *Female* ☐

Height:
cm

Special Visible Features:

.....

Mother's First Name:

Mother's Maiden Name (Surname before Marriage):

APPLICANT'S PERMANENT ADDRESS

Street Number and Street name:

Town, City and Parish:

Country:

APPLICANT'S MAILING ADDRESS: (If different from permanent address)

Street Number and Street name:

Town, City and Parish:

Country:

Postal or Zip Code:

State:

Postal or Zip Code:

State:

Residential Telephone Number
Area Code *Seven Digit Number*

Business Telephone Number:
Area Code *Seven Digit Number*

E-Mail Address:

B TO BE COMPLETED IF APPLICANT IS OR HAS BEEN MARRIED

Date of Marriage:
Day / *Month* / *Year*

Place of Marriage (Town, City and Parish):

Country:

Spouse's First Name:

Spouse's Surname:

FOR OFFICIAL USE ONLY

Thumb Print Box Below
For persons unable to sign

Signature of the Applicant to be inserted WITHIN the box above

Note: Signature is not required for applicants under the age of 12 years

C CONSENT FOR MINOR (Applicable to persons under 18 years of age. Mother, Father or Legal Guardian may give consent)

Particulars of person giving consent to minor:

Surname (parent or legal guardian) | First Name | Middle Name(s)

Relationship of the above-named person to the minor:

Mother ☐ Father ☐ Legal Guardian ☐

Declaration of person giving consent:

I, (name)…….. ……..

give my consent for …… to hold a passport.

…….. ……..

Signature of Parent or Legal Guardian Date

D PARTICULARS OF MOST RECENT PASSPORT: (This information is required whether the passport is expired or current, damaged, lost or unavailable)

Passport Number:

Date of Issue: *Day Month Year*

Date of Loss (if applicable): Day Month Year

Place of Issue:

Name in which stolen, lost or unavailable passport was issued

Surname: First Name: Middle Names(s):

Place of Loss (City, Parish):

BRIEF STATEMENT OF CIRCUMSTANCES , IFPASSPORT HAS BEEN DAMAGED

E DECLARATION OF APPLICANT

I, the undersigned, hereby apply for the issue of a Jamaican Passport. I declare that the information given in this application is correct to the best of my knowledge and belief. I further declare that:

☐ *I have not previously held or applied for a Jamaican Passport*

☐ *All previous passports granted to me have been surrendered, other than Passport or Travel Document No. …… which is submitted herewith.*

☐ *My passport has been lost or is not available for present use and that I have reported the circumstances to the Police or to the Passport Office (Kingston) or to the Jamaican Consular representative overseas.*

……

Signature of Applicant

Date of Declaration
Day Month Year

F EMERGENCY CONTACT PERSONS

FIRST CONTACT PERSON

Surname:

First Name:

Middle Name(s):

Street Number and Street name:

Town, City and Parish/State:

Country:

Postal or Zip Code:

Telephone Number:
Area Code *Seven Digit Number*

Relationship to Passport Applicant:

SECOND CONTACT PERSON

Surname

First Name

Middle Name(s):

Street Number and Street name:

Town, City and Parish/ State:

Country:

Postal or Zip Code:

Telephone Number:
Area Code *Seven Digit Number*

Relationship to Passport Applicant:

G OFFICIAL CERTIFICATION (Please ensure that Sections A-F are completed before certifying this document)

WARNING: IT IS AN OFFENCE TO MAKE A FALSE AND MISLEADING STATEMENT IN SUPPORT OF A PASSPORT APPLICATION

I ....
First Name Middle Name(s) Surname

Designation/Occupation or Profession: .....

hereby certify that I have known .....
Insert full name of applicant (in the case of a minor, the person giving consent) as stated on application.

For.....(years) and that the information given is correct to the best of my knowledge and belief.

Address of Certifying Official
Building/Apartment Number and Name (if applicable)

Street Number and Street name

Town, City and Parish/ State

Country

Postal Code or Zip Code:

.....
Signature of Certifying Official

Date of Certification
Day *Month* *Year*

Telephone Number:
Area Code *Seven Digit Number*

Official Stamp or Seal
of Certifying Official
(If any)

H	TO BE COMPLETED BY APPLICANTS WHO MUST WEAR HEADGEAR FOR RELIGIOUS REASONS
	(Religion/Sect)

I	TO BE COMPLETED BY APPLICANTS BORN OUTSIDE OF JAMAICA	
	Father's Name:	Mother's Name:
	Father's Place of Birth:	Mother's Place of Birth:
	Father's Date of Birth:	Mother's Date of Birth

J	SUPPLEMENTARY INFORMATION

K	FOR OFFICIAL USE ONLY			
	DOCUMENTS SUBMITTED	DOCUMENT NUMBER	ISSUE DATE	PREVIOUS PASSPORT STAMP
	BIRTH CERTIFICATE			
	ADOPTION CERTIFICATE			
	MARRIAGE CERTIFICATE			
	NATURALIZATION CERTIFICATE.			
	REGISTRATION CERTIFICATE			
	CERTIFICATION OF CITIZENSHIP			
	DIVORCE CERTIFICATE			
	DRIVERS' LICENCE			
	TAX REGISTRATION NUMBER			
	ELECTORAL IDENTIFICATION			
	OTHER			

RECEPTION TEAM

(Outpost Staff) ..... *Day* / *Month* / *Year*

(Passport Office) ..... *Day* / *Month* / *Year*

PRODUCTION TEAM

DATA ENTRY OPERATOR: .....

IMAGE CAPTURE OPERATOR: .....

SUPERVISORY REVIEW: .....

PRINT OPERATOR: .....

LAMINATOR:.....

QUALITY ASSURANCE:.....