APPLICATION FORM FOR THE RENEWAL OF TRINIDAD AND TOBAGO MACHINE READABLE PASSPORT (APPLICANTS 16 YEARS AND OVER)

PLEASE PRINT INFORMATION IN BLOCK LETTERS USING DARK BLUE OR BLACK INK PEN

WARNING TO ALL APPLICANTS

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 be fined and to 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 NAMES(S) /__/

MAIDEN NAME

(SURNAME AT BIRTH) /__/

FORMER NAME

SURNAME /__/

FIRST /__/

2. **PERSONAL INFORMATION**

DATE OF BIRTH ______/_______/______ SEX MALE [☐] FEMALE [☐] HEIGHT (CM) __________ PLACE OF BIRTH ________________________

Day Month Year

COUNTRY OF BIRTH__________________________ COLOUR OF EYES /__/__/__/__/__/__/__/__/ HAIR COLOUR /__/__/__/__/__/__/__/__/

MARITAL STATUS: SINGLE [☐] MARRIED [☐] WIDOWED [☐] DIVORCED [☐] SEPARATED [☐] OTHER [☐]

OCCUPATION / PROFESSION /__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/

HOME ADDRESS

/__/

/__/

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

/__/

/__/

WORK ADDRESS (OR IF RESIDENT ABROAD, LOCAL ADDRESS)

/__/

/__/

NAME OF FIRM / ORGANIZATION

/__/

CONTACT INFORMATION

HOME TEL. NO. /__/__ /__/__/__/__/__/__/__/ MOBILE NO. /__/__ /__/__/__/__/__/__/__/__/__/__/__/__/__/__/

OFFICE TEL. NO. /__/__ /__/__/__/__/__/__/__/ E-MAIL ADDRESS /__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/

3. **MARRIED WOMEN**

PRESENT MARRIAGE DATE OF MARRIAGE _______/_______/_______ PLACE OF MARRIAGE ___________________________________

Day Month Year

HUSBAND'S NAME

SURNAME /__/

FIRST NAME /__/

NATIONALITY /__/

PREVIOUS MARRIAGE (S)

Date of Marriage (Day/Month/Year)	Husband's Name in Full	Place of Marriage	Husband's Nationality

(*N.B. *this form will become void if the Specimen Signature touches the Border)

Specimen Signature of Applicant

4. PARTICULARS OF PASSPORT TO BE RENEWED

PASSPORT NUMBER	DATE OF ISSUE (Day/Month/Year)	PLACE OF ISSUE

5. CITIZENSHIP INFORMATION

ARE YOU NOW OR HAVE YOU EVER BEEN A CITIZEN OF ANY COUNTRY OTHER THAT THE REPUBLIC OF TRINIDAD AND TOBAGO? YES [ ] NO [ ]

If yes, please provide details below

COUNTRY	CITIZENSHIP BY	CERTIFICATE NO.	ISSUE DATE *(Day/Month/Year)*
1.			
2.			

6. PERMISSION FROM PARENT / LEGAL GUARDIAN FOR APPLICANTS UNDER 18 YEARS OF AGE

FIRST NAME /___/

SURNAME /___/

Solemnly declare that I am the ____ of the Applicant, and hereby give permission to
(RELATIONSHIP)

FIRST NAME /___/

SURNAME /___/

To apply for the renewal of his/her Trinidad and Tobago Passport

I.D. / Passport# of Parent / Legal Guardian ______________________________ Date of Issue _________/________/_________

Dated _______/_______/______ *Signature of Parent/Legal Guardian*

7. 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)

NAME /___/

TEL. CONTACT /___/___/___/___/___/___/___/___/___/___/___/_____/___/___/

(ii)

NAME /___/

TEL. CONTACT /___/___/___/___/___/___/___/___/___/___/___/_____/___/___/

8. DECLARATION OF APPLICANT

I____solemnly declare that:

i. *I am a citizen of the Republic of Trinidad and Tobago.*
ii. *The statements made in this application are true and correct.*
iii. *The attached photograph enclosed is a true likeness of myself.*
iv. *I shall report to the Immigration Division or the nearest Republic of Trinidad and Tobago Overseas Mission any change in my citizenship.*

DATED __________/__________/_________
Day Month Year

I.D. / PASSPORT# ______________________________

DATE OF ISSUE _________/_________/___________
Day Month Year

Signature

FOR OFFICIAL USE ONLY

MARRIAGE CERTIFICATE NO.______________________________ ENTRY NO.__________________ ISSUE DATE _______/________/_______

DEED POLL NO. ____ DATED_________/_________/___________

SWORN DECLARATION____________________________________ DATED_________/_________/___________ REF.___________

OTHER INFORMATION (Where Necessary)

____

____

____

OFFICER'S SIGNATURE ________________________________ OFFICER'S STAMP

DATE ___________/__________/___________
Day Month Year