



**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 :



**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 \_\_\_\_\_  
*Day* \_\_\_\_\_ *Month* \_\_\_\_\_ *Year* \_\_\_\_\_

I.D CARD / PASSPORT # \_\_\_\_\_

Date of Issue \_\_\_\_\_  
*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 \_\_\_\_\_  
(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.....