



IMMIGRATION DIVISION
MINISTRY OF NATIONAL SECURITY

CHILD PASSPORT APPLICATION

For Trinidad and Tobago Citizens under 16 years of age

INSTRUCTIONS AND GENERAL INFORMATION

125 Maiden Lane, 4th Floor
New York, NY 10038
Tel: (212) 682-7272
Fax: (212) 742-8021
www.ttcgnewyork.com

Trinidad and Tobago Consulate General, NY

ENTITLEMENT TO A TRINIDAD AND TOBAGO PASSPORT IS RESTRICTED TO CITIZENS OF TRINIDAD AND TOBAGO ONLY.

ALL first-time applicants for the Machine Readable Passport MUST appear in person at the designated Immigration Office

Fees (Pay by Money Order Only): Renewal-\$72.00 | Child Under 2yrs.-\$32.00

1. CITIZENSHIP

Original documentary evidence of the child's Trinidad and Tobago Citizenship must be submitted and will be returned to you.

If the child was born in Trinidad and Tobago, the applicant must provide the following:

- **Birth Certificate – Computer generated with pin number**

If the child was born outside of Trinidad and Tobago:

- **Trinidad and Tobago Citizenship Certificate**
- **Birth Certificate** of child
- **Proof of parent's Trinidad and Tobago citizenship at the time of the child's birth and parent's marriage certificate where necessary.**
- **Adoption Certificate**

**N.B.* COLOUR PHOTOCOPIES OF ALL DOCUMENTS MUST ACCOMPANY ORIGINALS, AS WELL AS A COPY OF THE BIO-DATA INFORMATION OF THE MOST RECENT PASSPORT*

2. REQUIREMENTS

The **applicant** for the issue of a passport to a child is the **parent/legal guardian**.

- There are no age restrictions for obtaining a passport.
- Children over the age of five (5) years must sign the specimen signature.

The applicant **must** –

- Complete and sign the application form.
- Submit evidence of the child's Trinidad and Tobago citizenship
- Produce his/her Trinidad and Tobago Identification Card or Passport.
 - (U.S. residents - A valid state issued photo I.D.)
- Have the application form signed by an eligible recommender (See Section 5)
- Submit the most recently issued passport in which the child's name appears, even if expired.
- Ensure that the name entered on the application form is the name the applicant wishes to appear in the passport.
- Provide evidence of any change in the child's name by submitting a **Deed Poll**
- If the information on the application form differs from the information on the documentary evidence produced, the applicant may be required to submit a **Sworn Declaration** to clarify any differences.

3. CUSTODY OF CHILD

Separated or Divorced Parents

- The parent to whom custody of the child/children has been awarded must produce evidence of the Court Order and any other documentary evidence as may be required.

4. PHOTOGRAPH

First-time applicants for the Machine Readable Passport are not required to submit photographs.

5. DECLARATION OF RECOMMENDER

- (1) The Recommender who countersigns the application must have known the **applicant** personally for at least three (3) years and know the applicant and the child well enough to certify that the statements made in the application are true.
- (2) **The Recommender must not be an immediate relative of the applicant.**
- (3) The Recommender **must** be a citizen of Trinidad and Tobago and be included in one of the following categories:
 - **Minister of Religion registered under law to perform marriages.**
 - **Managing Director, Director and Manager of Banks and Companies.**
 - **Professionals (University Graduates). (State qualifications)**
 - **Member of Parliament, Mayor, Borough or County Councillor.**
 - **Notary Public/Justice of the Peace/Commissioner of Affidavits.**
 - **Senior Public Servants (Range 30 and above).**
 - **Police Officer (Corporal and above rank). (Include Regimental Number)**
 - **Fire Sub-Officer and above rank. (Include Regimental Number)**
 - **Prison Officer II and above rank. (Include Regimental Number)**
 - **Member of Defence Force (Corporal/Leading Seaman and above rank). (Include Regimental Number)**
 - **School Principal, Vice-Principal, Lecturer, Graduate Teacher (Teacher I and above rank).**

THE RECOMMENDER MUST ENDORSE THE OFFICIAL STAMP OF THE FIRM OR ORGANIZATION IN THE SPACE PROVIDED IN SECTION 5 OF THE APPLICATION FORM

IF NONE OF THE ABOVE LISTED CITIZENS ARE AVAILABLE, ANY CITIZEN WHO IS AN ADULT AND SATISFIES (1) AND (2) OF THE ABOVE REQUIREMENTS WILL BE ACCEPTED.

****If the Recommender is a retiree, his/her home address should be provided in Section (5) of the application form in lieu of address of organisation /firm.**

6. VALIDITY OF PASSPORTS ISSUED TO TRINIDAD AND TOBAGO CITIZEN UNDER 16 YEARS OF AGE

The maximum period of validity is **five (5)** years from the date of issue.

7. REPLACEMENT OF LOST, STOLEN OR MUTILATED PASSPORT

Documents to be produced:

- Completed Child Passport Application form.
- A Notification form for a Lost, Stolen or Mutilated Passport, which must be certified by a Commissioner of Affidavits or Justice of The Peace.
- One passport sized photograph certified by the recommender.
- All documents which were submitted with previous application (Original Birth Certificate etc).
- An Incident report from Police Station in the Applicant's district stating that the loss was reported.
- In the case of destruction by fire, a report from the Fire Authorities would be required in lieu of a Police certificate.
- Other documents as may be required.

It is to be noted that the reported Lost, Stolen or Mutilated Machine Readable Passport will be de-activated upon submission of the relevant forms and as a result, would no longer be valid for travel.

**IMPORTANT NOTICE
PROTECT YOURSELF & YOUR CHILD FROM IDENTITY THEFT - REPORT YOUR LOST
OR
STOLEN PASSPORT**

Use of Correction Fluid is Strictly Prohibited

NOTE TO ALL PHOTOGRAPHERS AND PHOTO STUDIOS

ILLUSTRATIVE GUIDELINES FOR PORTRAITS IN A MACHINE READABLE PASSPORT

In keeping with the specifications of the International Civil Aviation Organization (ICAO) for photographs taken for use in an international travel document, the following guidelines are for your attention.

1. Pose

- 1.1. The photograph should be less than six months old.
- 1.2. It should show a close up of the head and shoulders.
- 1.3. The photograph should be taken so that an imaginary horizontal line between the centres of the eyes is parallel to the top edge of the picture.
- 1.4. The face should be in sharp focus and clear with no blemishes such as ink marks, pen, pin, paper clip, staples, folds, dents, or creases.
- 1.5. The photograph should show the subject facing square on and looking directly at the camera with a neutral expression and the mouth closed.
- 1.6. The chin to crown (crown is the position of the top of the head if there were no hair) shall be 70 -80% of the vertical height of the picture.
- 1.7. The eyes must be open and there must be no hair obscuring them.
- 1.8. If the subject wears glasses, the photograph must show the eyes clearly with no lights reflected in the glasses. The glasses shall not have tinted lenses. Avoid heavy frames if possible and ensure that the frames do not cover any part of the eyes. Sunglasses cannot be worn or appear on the person's head.
- 1.9. Coverings, hair, headdress, hats, scarfs, head band or bandana, or facial ornamentation which obscure the face are not permitted. (except for religious or medical reasons. In all cases, the person's full facial features from bottom of chin to top of forehead and both edges of the face must be clearly visible)
- 1.10. The photograph must have a plain light colored background.
- 1.11. There must be no other people, chair back, or objects in the photograph.

2. Lighting, Exposure, and Color Balance

- 2.1 The lighting must be uniform with no shadows or reflections on the face, eye-glasses or in the background.
- 2.2 The subject's eyes must not show red eye.
- 2.3 The photograph must have appropriate brightness and contrast.
- 2.4 Where the picture is in color, the lighting, and photographic process must be color balanced to render skin tones faithfully.

3. Submission of Portrait to the Issuing Authority

Where the portrait is supplied to the issuing authority in the form of a print, the photograph, whether produced using conventional photographic or digital techniques, should be on good or photo-quality paper.

4. Compliance with International Standards

- 4.1 The photograph shall comply with the appropriate definitions set out in ISO/IEC 1974 – 5.



IMMIGRATION DIVISION
MINISTRY OF NATIONAL SECURITY
REPUBLIC OF TRINIDAD AND TOBAGO

GENERAL INFORMATION

If you are a citizen of Trinidad and Tobago residing in another country your **first** application for a **machine-readable** passport may be done at:

- **High Commission of the Republic of Trinidad and Tobago, London, UK**
#42 Belgrave Square
London
SW1X 8NT
Tel: 01-144-207-245-9351
- **Embassy of the Republic of Trinidad and Tobago, Washington DC, USA**
#1708 Massachusetts Avenue
N.W. Washington DC
20036-1975
Tel: 1-202-467-6490/3
- **Consulate General of the Republic of Trinidad and Tobago, New York, USA**
475 5th Avenue
Fourth Floor
New York, N.Y.
10017-3204
Tel: 1-212-682-7272
- **Consulate General of the Republic of Trinidad and Tobago, Miami, USA**
#1000 Brickell Avenue
Suite 800
Miami, FL.
33131-3047
Tel: 1-305-374-2199
- **Consulate General of the Republic of Trinidad and Tobago, Toronto, Canada**
#2005 Sheppard Avenue East
Suite 303, Willowdale
Ontario
M2J 5B4
Tel: 1-416-495-9442/3, 7342, 7847

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 _____ 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)

OFFICER'S STAMP

RECEPTION OFFICER _____

DATE ____/____/____
Day Month Year