



# APPLICATION FORM FOR TRINIDAD AND TOBAGO PASSPORT (APPLICANTS 16 YEARS AND OVER)

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

**WARNING TO ALL APPLICANTS AND RECOMMENDERS**  
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 fine and 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 NAME(S)** \_\_\_\_\_

**MAIDEN NAME** \_\_\_\_\_

**FORMER NAME**

SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

**MOTHER'S MAIDEN NAME**

SURNAME \_\_\_\_\_

**FATHER'S FULL NAME**

SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

**2. PERSONAL INFORMATION**

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SEX: MALE  FEMALE  PHOTOGRAPH \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ TOWN/CITY \_\_\_\_\_

\_\_\_\_\_ COUNTRY \_\_\_\_\_

HEIGHT (CM) \_\_\_\_\_ COLOUR OF EYES \_\_\_\_\_

HAIR COLOUR \_\_\_\_\_

MARITAL STATUS: SINGLE  MARRIED  WIDOWED  DIVORCED

SEPARATED  OTHER

OCCUPATION / PROFESSION \_\_\_\_\_

**HOME ADDRESS**

\_\_\_\_\_ Street Name \_\_\_\_\_ Town/City \_\_\_\_\_

\_\_\_\_\_ Town/City \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)**

\_\_\_\_\_ Street Name \_\_\_\_\_ Town/City \_\_\_\_\_

\_\_\_\_\_ Town/City \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**WORK ADDRESS, OR IF RESIDENT ABROAD, LOCAL ADDRESS**

\_\_\_\_\_ Street Name \_\_\_\_\_ Town/City \_\_\_\_\_

\_\_\_\_\_ Town/City \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**NAME OF FIRM / ORGANIZATION**

\_\_\_\_\_

HOME TEL. NO. \_\_\_\_\_

MOBILE NO. \_\_\_\_\_

OFFICE TEL. NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Specimen Signature of Applicant



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

DO NOT BEND OR FOLD

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

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

I, FIRST NAME \_\_\_\_\_  
SURNAME \_\_\_\_\_

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

FIRST NAME \_\_\_\_\_  
SURNAME \_\_\_\_\_

To apply for a Trinidad and Tobago Passport.

Dated \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

I.D./ Passport # of Parent /Legal Guardian \_\_\_\_\_

Date of Issue \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year



Signature of Parent/ legal Guardian

**4. 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 APPLICANT**

FIRST NAME \_\_\_\_\_  
SURNAME \_\_\_\_\_

Whom I have known personally for \_\_\_\_\_ years and whose photograph I have certified on the reversed 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ I.D./ D.P. / PASSPORT # \_\_\_\_\_ Date of Issue \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year Day Month Year

Date of Expiry \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Signature of Recommender →



**5. 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

ARE YOU NOW OR HAVE YOU 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.			

**6. TRINIDAD AND TOBAGO PASSPORT(S) PREVIOUSLY**

Have you applied for or 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

**7. 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 may be contacted to confirm your identity.

(i)  
**FIRST NAME** \_\_\_\_\_  
**SURNAME** \_\_\_\_\_  
**HOME ADDRESS or BUSINESS ADDRESS (IN FULL)**  
 \_\_\_\_\_  
 \_\_\_\_\_ **TEL. CONTACT** \_\_\_\_\_

(ii)  
**FIRST NAME** \_\_\_\_\_  
**SURNAME** \_\_\_\_\_  
**HOME ADDRESS or BUSINESS ADDRESS (IN FULL)**  
 \_\_\_\_\_  
 \_\_\_\_\_ **TEL. CONTACT** \_\_\_\_\_

**8. DECLARATION OF APPLICANT**

I \_\_\_\_\_ solemnly declare that :

- (i) I am a Trinidad and Tobago citizen.
- (ii) The statements made in this application are true.
- (iii) The photographs enclosed are a true likeness of me.
- (iv) I do not have a Trinidad and Tobago Passport other than the one(s) listed at section 6.
- (v) I know the recommender for at least three years; and
- (vi) I shall report to the Passport Office or the nearest Trinidad and Tobago Government Office any change in citizenship.

DATED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

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

DATE OF ISSUE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Signature →



**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