

PART B



(regulations 3 and 4)

CARIBBEAN COMMUNITY GRENADA PASSPORT APPLICATION FORM

Signature of Passport Holder in the middle of the space provided.

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(Leave this space blank if applying for a passport for a person unable to sign.)

1 PERSONAL DATA				
TITLE:		MARITAL STATUS:		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify:.....)		<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Re-married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
LAST NAME (Family Name):		FIRST, SECOND, THIRD NAME(S):		
MAIDEN NAME (if Married Female):		ORIGINAL NAME (if name change other than by marriage):		
Date of Birth (dd/mm/yy):/...../.....	Place of Birth:	Age Last Birthday:	Nationality:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: ft. ins.	Colour of Eyes:	Colour of Hair:	Special Peculiarities (Visible):
Country of Residence:	Present Address:	Permanent Address:	Telephone:	
Occupation:			Fax:	
			E-mail:	

2	IF MARRIED, DIVORCE, SEPARATED OR WIDOWED, INFORMATION ON SPOUSE OR FORMER SPOUSE		
	LAST NAME (Family Name):		FIRST, SECOND, THIRD NAME(S):
	MAIDEN NAME (if Female):	Country of Birth:	Nationality:
	Date of Marriage (dd/mm/yy):/...../.....	Place of Marriage:	Occupation:
	Permanent Address:	Mailing Address:	Telephone:
			Fax:
			Email:
State whether married more than once			
<i>(If more than once, particulars of previous marriage or marriages should be given in section 9 on page 3.)</i>			
3	PARTICULARS OF PARENTS		
	FATHER		
	Last Name:		First and Second Name(s):
	Date of Birth (dd/mm/yy):	Place of Birth:	Profession:
	MOTHER		
	Last Name:		First and Second Name(s):
	Date of Birth (dd/mm/yy):	Place of Birth:	Profession:
MARRIAGE			
Date of Marriage (dd/mm/yy):	Place of Marriage:	Country of Marriage:	

4	CITIZENSHIP OF PASSPORT HOLDER			
Citizen of Grenada by:				
<input type="checkbox"/> Birth		<input type="checkbox"/> Naturalization		<input type="checkbox"/> Investment
<input type="checkbox"/> Descent		<input type="checkbox"/> Registration		
<i>If a citizen of Grenada by birth, attach birth certificate of passport holder.</i>				
<i>If a citizen of Grenada by descent, attach birth certificate of parent(s), or give particulars of certificate of naturalization, registration or investment and attach a certified copy thereof.</i>				
Type of Certificate:		Certificate No.	Date of Issue (dd/mm/yy):	Place of Issue:
<i>If a citizen of Grenada by naturalization, registration or investment, give particulars of certificate naturalization, registration or investment and attach a certified copy of same.</i>				
Type of Document:		Document No.	Date of Issue (dd/mm/yy):	Place of Issue:
5	PASSPORT REQUIRED FOR TRAVELLING TO:			
PURPOSE OF TRAVEL:				
6	IF PREVIOUS PASSPORT LOST, STOLEN OR DAMAGED			
Passport No:		Full name at issue:		Place of Issue: Date of Issue (dd/mm/yy):
Place of loss:		Date of loss (dd/mm/yy):	Has loss been reported to the Police? <i>(If yes, attach copy of police report)</i>	
How did loss occur?				
What measures were taken at time to report loss and to obtain recovery?				
7	CONTACT IN CASE OF EMERGENCY			
Full Name:		Address:		Telephone:
Relationship:				Fax:
				Email:
8	IF MINOR OR PERSON WITH MENTAL INCAPACITY, LEGAL GUARDIAN'S CONSENT			
I (name of legal guardian)..... the (relationship) of (name of passport holder) hereby give my consent for him or her to hold a passport.				
Signature				
<i>(Where legal guardian unable to sign the form, a consent letter may be submitted with the form.)</i>				

9	SUPPLEMENTARY INFORMATION
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10	DECLARATION OF APPLICANT <input type="checkbox"/> I declare that the information given in the application is correct to the best of my knowledge and belief, and <input type="checkbox"/> That the passport holder has not lost the status of citizen of Grenada, and <i>Choose one of the following</i> <input type="checkbox"/> That the passport holder has not held or applied for any passport whatsoever. <input type="checkbox"/> That all previous Grenadian passports granted to me have been surrendered other than passport or travel document number which is now attached and that I have made no other application for a passport since the passport or travel document was issued to me. <input type="checkbox"/> That the passport holder has lost the previous passport. I certify that I have read and understood all the questions set forth in this application and the answers that I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false, incomplete or misleading information may result in delays in the issuance of a passport and can lead to having criminal proceedings taken against me. I understand that a passport is the property of the Government of Grenada and can be recalled at any time. Signature: Date: Relationship of applicant to passport holder:
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11	DECLARATION OF RECOMMENDER I (name in capitals) a citizen of Grenada/an attorney-at-law declare that to the best of my knowledge and belief that declaration with respect to and the description of Mr./Mrs./Miss. are true and that I can from my personal knowledge of him/her vouch for him/her as a fit and proper person to receive a passport. I have known the passport holder [or in the case of a person under 16 years or with a mental incapacity I have known the applicant Mr./Mrs./Miss.] for years. This day of 20..... Signature: Profession: Address: Telephone No: E-mail:
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DOCUMENTS PRODUCED TO BE NOTED:

Passport Holder's Birth Certificate	Previous Passport	Parent(s) Birth Certificate	Marriage Certificate	Affidavit
Divorcee Certificate	Certificate of Registration, Naturalization or Investment	Letter of Consent	Deed Poll	Photos

OTHER DOCUMENTS

PLACE WHERE APPLICATION WAS RECEIVED:

St. George's, Grenville, Carriacou, Gouyave, New York, Washington, London, Canada, Venezuela, Trinidad, Other (specify)

Receipt No.
Received by Date
Checked & Approved by Date
Supervised by Date
Passport No.
Date Issued
Date Expired
Authority Signature

<u>Amount of Fees Paid</u>
Passport:
Express Service:
Urgent Service:
Total:

DISTRIBUTION

Delivered to Date
Delivered by Date