To avoid delay, answers to all relevant sections should be completed in ink. Please fill out the form in BLOCK CAPITALS. NOTE: Do not sign this form until you have read all notes on page 1. Application for Adult [ ] Application for Child under Age 16 [ Surname [ ]Mr [ ]Mrs [ ]Ms [ ]Miss Status: ] Single ] Married ] Widowed **Christian Names:** ] Divorced [ ] Legally Separated Maiden Name: (if applicant is a woman who is or has been married) Gender: [ ] Male [ ] Female Has name been changed otherwise than by marriage? [ ] No []Yes PERSONAL DESCRIPTION If so, state original name Age last Place and country of birth Date of Birth Height: Feet Inches birthday Occupation: Colour of eyes Present address: Colour of hair Usual place of residence: Special peculiarities (visible): Contact numbers: **CITIZENSHIP** 2 Citizen of St. Kitts and Nevis by [ ]Birth [ ]Descent [ ]Marriage [ ]Residence [ ]Registration [ ] Investment If born in [ ] St. Kitts [ ] Nevis Birth Certificate no. Parish ..... If born outside of St. Kitts and Nevis, particulars of Certificate of Citizenship/Registration Number of Certificate ..... Date of Issue ..... PERSONS WHO ARE CITIZENS OF SAINT CHRISTOPHER (ST. KITTS) AND NEVIS BY DESCENT Name of parent/grandparent that was born in St. Kitts and Nevis Place of Birth ..... Date of Birth ..... PERSONS WHO ARE CITIZENS OF SAINT CHRISTOPHER (ST. KITTS) AND NEVIS BY MARRIAGE ONLY Place of Birth ..... Name of Spouse ..... If spouse was born outside of the Federation, Certificate of Citizenship number: Date of Marriage ..... Place of Marriage .....

5	CHILDREN UNDER 16 (if to be	e included in passport upon	initial application)		
	Christian Names	Surname	Place and Country of Birth	Date of Birth	Gender and Relationship to Applicant
6	PASSPORT REQUIRED FOR	TRAVELLING TO			
	PURPOSE OF TRAVEL				
7	THIS SECTION IS TO BE CO	MPLETED BY THE PAREN	T OR LEGAL GUARDIAN OF A	CHILD UNDER AGE 16	
	DECLARATION				
	I, the information given in this ap Saint Christopher (St. Kitts) and	pplication is correct to the be	ned, hereby apply for the issue o est of my knowledge and belief, a	f a passport to the above-na and that the child has not lo	amed child. I declare that st the status of Citizen of
	I further declare (cross out "A" or "B", whichever does not apply):  A - that the child has not previously held or applied for a passport of any description;  B - that all previous passports granted to the child have been surrendered, other than passport or travel document No which is now attached, and that no other application for a passport has been made since the attached passport or travel document was issued to him/her.				
	Name		Relationship to Child		
	Signed		Date		
	NOTE: If the child has had a pa	assport which has been lost	, cross out A and B and complete	Section 10	
8	THIS SECTION IS TO BE CO	MPLETED BY APPLICANT	OVER AGE 16		
	I, the undersigned, declare that	t the information given in the	e application is correct and		
	a. that I have not lost the	ne status of Citizenship of Sa	aint Christopher (St. Kitts) and Ne	evis	
		ously held or applied for any			
			peen cancelled other than passpo assport since the attached passp		hich is now attached and
	Signature		Date		

(	Recommender  I certify that the applicant is known to me personally and that to the best of my knowledge and belief, the facts stated on this form are correct. I have known the applicant for years.	Official stamp (if any)
,	Signature	
	Full name	
	Occupation	
	Address	
	Date	
	Date	
	IMPORTANT:- Applicants and persons who countersign applications (see section 7) are warned that, should any statem with this applicant prove to be untrue, the consequences to them may be serious.	ent made in connection
10 I	PARTICULARS OF PREVIOUS PASSPORT WHICH HAS BEEN LOST OR IS NOT AVAILABLE FOR PRESENT USE	
l l	No issued at on on	
	Bearer's full name at time of issue	
	Circumstances in which passport was lost or destroyed, or other reason for its non-availability:	
	oneumstances in which passport was lost of assirbyea, of other reason for its non-availability.	
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١,	Place and date of loss	
١,	What measures were taken at the time to report loss and to obtain recovery?	
	What medecines were taken at the time to report rece and to obtain receiving.	
	Has loss been reported to the police?	
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