Application for a St. Vincent and the Grenadines Passport

*

FOR A CHILD UNDER 16 YEARS OF AGE

Please write child's name here	(Surname)	(Christian Name or other Names)		
	PASSPORT NUMBER		ŝ.	APPLICATION NO
РНОТО	SIGNATURE			

NOTES

HOW TO COMPLETE THE FORM

- Section 1, 3, 5, and 6 of this Form must be completed on behalf of all children.
- 2. Section 2 must also be completed where applicable.
- CERTIFICATE OF APPLICATION. The application must be certified by a Magistrate, Justice of the Peace, Marriage Officer, Lawyer, Solicitor, Member of Parliament, Police Officer (Gazetted Rank, from Suprintendent upwards), Physician, Surgeon, Notary Public, giving professional or business address.

- 5. DOCUMENTS TO BE PRODUCED.
 - (a) If the child was born in St. Vincent and the Grenadines, child's birth certificate.
 - (b) If the Child was born outside St. Vincent and the Grenadines of parent(s) who was/were born in St. Vincent and the Grenadines:
 - (i) Child's Birth Certificate;
 - (ii) Father's or Mother's Birth Certificate;
 - (iii) Parents' Marriage Certificate (If applicable).
 - (c) If citizenship was obtained through registration or naturalisation:
 - (i) Child's Birth Certificate;
 - (ii) Father's or Mother's registration or naturalisation document;
 - (iii) Child's registration or naturalisation document.
 - 6. Children under sixteen (16) years of age may not be granted a passport without the written consent of a parent. Where the child is born out of wedlock the consent of the mother or father is required. Where the court has granted legal custody to any person, that person must consent and produce the Court Order committing the child to that person's custody.
 - A change of name, except in cases of adoption when the original name is not retained, must be supported by the production of evidence showing that a bona fide change has been.



To avoid delay, answers to all relevant sections should be completed in black or blue ink.

Please fill out the form in BLOCK CAPITALS.

NOTE: Do not sign this form until you have read all notes on page 1

1	Surname of child:	Residence (country)			
	Christian names (or other names):	Height:			
		Colour of eyes:			
		Colour of hair:			
	Has name been changed? [] No [] Yes if so, state original name	Relationship of applicant to child: (e.g. father or mother)			
	Age last Place and Country of Birth Date of Birth birthday*	Special Peculiars (Visible):			
	Present address:				
	Usual place of residence:				
		Telephone numbers:			
2	TO BE COMPLETED BY CHILD BORN ABROAD				
	A-Particulars of child's father/mother (a) Name of Father				
	Place and Country of Birth Date of Birth (DD/MM/YY)				
	(b) Name of Mother Image: Additional and Country of Birth Place and Country of Birth Image: Additional and Country of Birth				
	Date of Birth				
	(c) If father/mother is a citizen of St. Vincent and the Grenadines by naturalisation or registration,	state:			
	No. of his/her document				
	B- If child's Birth was registered at a St. Vincent and the Grenadines consulate/mission abroad,	state:			
	Name of consulate/mission				
	Date registered Consulate/Mission	certificate registration no.			
	Place, Country and date of father/mother's birth				
	Place Country	(DD/MM/YY) Date			

CHECKBOOK COM	
3	NATIONAL STATUS
	Citizen of St. Vincent and the Grenadines by [] Birth [] Descent [] Naturalisation [] Registration If by naturalisation or registration, state:
	No. of document Date of issue Place of issue
4	PASSPORT REQUIRED FOR TRAVELLING TO THE FOLLOWING COUNTRIES:
5	DECLARATION (To be completed and signed by all applicants parents/ legal guardians) I, the undersigned, hereby apply for the issue of a passport to the above-named child. I declare that the information given in this application is correct to the best of my knowledge and belief, and that the child has not lost the status of Citizen of St. Vincent and the Grenadines. I further declare (<i>Cross out "A" or "B" whichever does not apply</i>): A - That the child has not previously held or applied for a passport of any description; or B - That all previous passports granted to the child have been surrendered, other than passport or travel document No
RAVEN ARTICLE INC.	
6	CERTIFICATION I certify that the applicant has been known personally to me for
	FOR OFFICIAL USE DOCUMENTS PRODUCED TO BE NOTED HERE

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7	PARTICULARS OF PREV	VIOUS PASSPORT WHICH HAS BEEN LOST OR IS NOT AVAILABLE FOR PRESENT	r use
	No.	Place of issue	
	Bearer's full name at time of is		
	Circumstances in which pass	sport was lost or destroyed or other reason for its non-availability:	
	Place of loss	Date of loss	(DD/MM/YY)
	What measures were taken a	at the time to report loss and to obtain recovery?	
	Has loss been reported to the	e Police?	
	I certify that the above partic	culars are correct and undertake in the event of the passsport becoming available to return it to	the passport office,
	St. Vincent and the Grenadin	nes, or to a St. Vincent and the Grenadines mission for cancellation.	
		Signed	
		Date L	(DD/MM/YY)
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8	PARENT'S CONSENT		
		Signed	
Menutus a			DBENGGEN KALINA MANINA MANI
9	SUPPLEMENTARY INFOR	IMATION	
	Mother's Surname		
	Mother's Maiden Name		
	Father's Surname		
	Other Information		
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		FOR OFFICIAL USE ONLY	ISCAL STAMP
			л.
	D		1
	Passport fee paid: \$		(DD/MM/YY)
	Express fee paid: \$	Receipt number: Date issued:	(DD/MM/YY)
	Payment operator:		