

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		APPLICATION NO.
7.4			
РНОТО	SIGNATURE		

NOTES

HOW TO COMPLETE THE FORM

- Sections 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), Physician, Surgeon, Notary Public etc., giving professional or business address.
- 4. PHOTOGRAPHS. Two copies of a recent photograph of the child must be included with the application. These must be taken full face without hat and must not be mounted. The size must not be more than 2 ½ inches by 2 inches or less than 2 inches by 1 ½ inches. The person who certifies the application is also required to endorse the reverse side of one copy with the words: "I certify that this is a true photograph" and affix his signature. All photographs included with an application become the property of the Government of St. Vincent and the Grenadines when it is lodged.
- DOCUMENTS TO BE PRODUCED.
 - (a) If the child was born in St. Vincent and the Grenadines, child's birth certificate.
 - (b) If the applicant was born outside St. Vincent and the Grenadines before the 27th October, 1979, of father or mother who was on the 27th October, 1979: a British Subject: Citizen of the United Kingdom Associated States and Colonies –
 - A. by birth
 - (i) child's birth certificate;
 - (ii) parents' marriage certificate;
 - (iii) father's or mother's birth certificate.
 - B. by registration or naturalisation
 - (i) child's birth certificate;
 - (ii) father's or mother's registration or naturalisation document.
 - (c) Children under sixteen years of age may not be granted passport facilities without the written consent of a parent. Where the child is born out of wedlock the consent of the mother is required. Where 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.
 - (d) 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 made.



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.

Christian names (or other names): Height Feet Inches Colour of eyes: Colour of high; Feet Inches Feet Inches Feet Feet Feet Inches Feet Inches Feet Feet Inches Feet Feet Inches Feet Inches Feet Feet Inches Feet Feet Inches Feet Inches Feet Feet Inches Inches Feet Inches Inches	1	Surname of child:	Residence (country):
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4	PASSPORT REQUIRED FOR TRAVELLING TO THE FOLLOWING COUNTRIES:	
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	Purpose of travel I I I I I I I I I I I I I I I I I I I	
5	DECLARATION (to be completed and signed by all applicants) I, the undersigned, hereby apply for the issue of a passport to the above -named child. I declare that the information give 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 Complete 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; or B - that all previous passports granted to the child have been surrendered, other than passport on travel document now attached and that I have no other application for a passport since the attached passport or travel document with the child has had a passport which has been lost, cross out A and B and complete Section 8.	t No which is was issued to him/her.
6		Official stamp (if any)
	Signature	
	Full name	
	Occupation 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Address I I I I I I I I I I I I I I I I I I	
	Dated	
	Date I I I I (DD/MM/YY)	
	IMPORTANT Applicants and persons who countersign application are warned that, should any statement made in connection with this application the consequences to them may be serious.	olicant prove to be untrue,
	FOR OFFICIAL USE DOCUMENTS PRODUCED TO BE NOTED HERE	



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	Circumstances in which passport was lost or destroyed, or other reason for its non-availability:
	Place of loss I I I I I I I I I I I Date of loss I I I I I (DD/MM/YY)
	What measures were taken at the time to report loss and to obtain recovery?
	Has loss been reported to the police?
	I certify that the above particulars are correct and undertake in the event of the passport becoming available to return it to the passport office St. Vincent and the Grenadines, or to a St. Vincent and the Grenadines mission for cancellation.
	Signed
	Date I I I I DD/MM/YY
8	SUPPLEMENTARY INFORMATION
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	Mother's Maiden Name
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	Father's Surname I I I I I I I I I I I I I I I I I I I
	Other information
	Other information.
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