



COMMONWEALTH OF DOMINICA

APPLICATION FOR A PASSPORT
[IMPORTANT: Print in block letters]

<i>(Surname)</i>		<i>(Maiden Name)</i>	
<i>(First Name)</i>	<i>(Second Name)</i>	<i>(Third Name)</i>	
Indicate whether applicant is <input type="checkbox"/> Under 16 years <input type="checkbox"/> 16 and above	FOR OFFICIAL USE ONLY		
<i>Passport No.:</i> _____		<i>Date of Issue:</i> _____	

IMPORTANT: Read instructions carefully before completing the Form. Note: Amendments cannot be made to Passports.

INSTRUCTIONS ON HOW TO COMPLETE FORM

A. Males (married or single, 16 years and above): Complete Sections 1, 2, 7 and 8, and if applicable, Section 4.

B. Females (spinsters/unmarried, 16 years and above): Complete Sections 1, 2, 7 and 8, and if applicable, Section 4.

C. Married Women (including widows and women whose marriages have been dissolved): Complete Sections 1, 2, 3, 7 and 8 and if applicable, Section 4.

D. Children (males and females under 16 years of age): Children under 16 years of age may be included in the passport of their parent or adoptive parent without extra charge. This can be done **ONLY** when the parent is applying for his /or own passport by entering the child's/children's particulars in Section 5 of the parent's Application Form.

An application for a passport for a child must be made by or with the **notarized** consent of the parent or adoptive parent by completing Sections 1, 2, 6, 7, 8 and if applicable Section 4 of the Application Form.

E. Signing the form: The applicant must sign Section 8.

F. Recommender: Section 9 should be completed by the person (the recommender) verifying the declaration who must be a member of Parliament, a Mayor or City Councillor or Village Council Chairperson, Justice of the Peace, Minister of Religion, Staff Nurse and above, Medical or Legal Practitioner, Established Civil Servant (Executive Officer and above), Senior Bank Official, Police Officer of the rank of Sergeant and above, Qualified Teacher and above, Custom Officer Grade 1 and above, Principal Prison Officer and above, business manager or any person of similar standing personally acquainted with the applicant.

The recommender must be a citizen of the Commonwealth of Dominica who knows the applicant for two (2) years or more, but must not be a member of the applicant's immediate family.

The recommender is also required to endorse the reverse side of one copy of the photograph with the words:

"I certify that this is a true likeness of Mr., Mrs. or Miss " and add his signature.

G. Photographs

Two copies of a recent Coloured photograph of the applicant must be included with the application. These photographs must be taken full face with head uncovered, and the photographs must not be mounted. The size of the photographs must be 2½ inches by 2 inches. The photographs must be printed on normal thin photographic paper and must not be glazed on the reverse side.

H. The fee for the Passport is \$100.00 for adults for ten (10) years and \$50.00 for children under 16 years of age, for five years.

I. Documents to be produced

(a) An original and a certified copy of all documents must be produced. Birth Certificates must be in the new computerized format issued by the Registry.

(b) Applicants should produce Birth Certificate, Certificate of Naturalization or Registration as a citizen of Dominica, Adoption Certificate and previous passport as the case may require.

(c) Married women (including widows and women whose marriages have been dissolved) should produce documents specified above, together with Marriage Certificate, Decree Absolute or Certificate of Annulment.

(d) An application for a passport for a child under the age of 16 years or an application to include a child under the age of 16 years on the passport of a parent or adoptive parent must be supported by the Birth Certificate of the child.

NOTE:- Where an Order or direction has been made by the High Court or in Chambers or by a Magistrate regarding the custody of a child, such Order must be produced and the nature of the direction stated.

Change of Name: If the applicant has changed his or her name, the deed poll recording the change or other evidence showing how and when it was changed must also be submitted.

Persons born outside the Commonwealth of Dominica as constituted on 3rd November, 1978, and all persons claiming Citizenship by descent, naturalisation or registration, must complete Section 4B and produce documentary evidence in support of the statement made therein, e.g. Birth Certificate of descent (father/mother), naturalisation or registration document, or other evidence of citizenship

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 No.

New Passport Number

Signature

PHOTO

1	Surname (state whether Mr., Mrs., Miss, Sr., Fr., Rev. or Dr.):			Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed
	Christian names (or other names):			
	Maiden Surname: (if applicant is woman who is or has been married)			
	Has name been changed otherwise than by marriage? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, state original name			Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	Nicknames/Aliases:			Height: Feet Inches
	Age at last birthday	Place of Birth	Date of Birth (day/mm/year) / /	Colour of hair
	Profession or occupation:			Colour of eyes
	Present address:			Special peculiarities (visible):
	Usual place of residence:			
	Local telephone No.:	Fax No.:	E-mail:	

2	CITIZENSHIP State whether Citizenship of the Commonwealth of Dominica by: <input type="checkbox"/> Birth <input type="checkbox"/> Descent <input type="checkbox"/> Naturalisation <input type="checkbox"/> Registration <input type="checkbox"/> Adoption			
	If Citizen of the Commonwealth of Dominica by Registration, Naturalization or Adoption, give particulars Certificate	Number of Certificate	Place of Issue	Date of Issue/...../.....

3	MARRIED WOMEN applying for a passport must complete this section.		
	Husband's or former husband's surname and full Christian names: Christian names: Surname:		
	Place of marriage	Date of marriage (day/mm/year)/...../.....	

4	PERSONS BORN ABROAD Persons born in (A) any British Commonwealth country or in Southern Ireland in British protectorate, protected state or mandated or trust or (B) in any foreign country must complete A or B below:		
	A – If applicant's birth was registered as a Citizen of the Commonwealth of Dominica abroad, state:		
	Name of Consulate	Date of registration (day/mm/year)/...../.....	Place and date of Father's/Mother's birth (day/mm/year)/...../.....
	B – Particulars of applicant's father/mother (a) If born in the Commonwealth of Dominica Name: Place of Birth: Date of Birth:/...../.....		
	(b) If Citizen of the Commonwealth of Dominica by naturalisation or registration No. of Certificate: Place of Issue: Date of Issue:/...../.....		

5	CHILDREN UNDER 16 (if to be included in the passport)					
	Christian names in full	Surname	Place of birth	Date of birth (dd/mm/year)	Gender	Relationship to applicant
				/ /		
				/ /		

6 **TO CHIEF PASSPORT OFFICER**
 This is to certify that, I, am the parent/adoptive parent of
 (name in full)
 Mr./Mrs./ Miss.....
 I hereby authorize you to issue him/her with a passport of the Commonwealth of Dominica.
 Signature Relationship of Applicant to child
 (parent/adoptive parent)

7 **PASSPORT REQUIRED FOR TRAVELLING TO:**
 PURPOSE OF TRAVEL:

8 **DECLARATION** (cross out whichever does not apply)
 A – I, the undersigned, hereby apply for the issue of a passport (to the above named child).
 B – I declare that the information given in this application is correct to the best of my knowledge and belief, and
 C – That I have or the child has not lost the status of Citizen of the Commonwealth of Dominica;
 D – That I have or the child has not previously held or applied for a passport whatever;
 or E – That all previous passports granted to (me or) the child have been surrendered, other than passport or travel document
 No:, which is now attached and that I have made no other application for a passport since the attached passport or
 travel document was issued to me.
 Signature Date

NOTE: If you have had a passport which has been lost, cross out D and E and complete Section 10 of this form.

9 **RECOMMENDER:** I,, declare that to the best of my
 (name in full)
 personal knowledge and belief, the above-made declarations and description of the said Mr./Mrs./Miss
 are true, and that I can
 from my *personal knowledge* of him/her vouch him/her as a fit and proper person to receive a passport. I have known the applicant for
 years. I am a citizen of the Commonwealth of Dominica.
 Signature Date
 Profession
 Address
 Office Stamp (if any)

IMPORTANT: Applicant and recommender (see Section 9) **are warned** that should any statement contained in their respective declarations prove to be untrue, the consequences to them may be serious. The attention of persons who are asked to sign this declaration is specially called to the fact that it must be signed from *personal knowledge* of the applicant and not from information obtained from other persons, and the recommender should have known the applicant for a least two (2) years.

FOR OFFICIAL USE			
DOCUMENTS PRODUCED TO BE NOTED HERE			
Applicant's Birth Certificate	Child's/children's Birth Certificate	Marriage Certificate	Other documents

If pending divorce proceedings, any judicial order or direction made regarding the custody of any child whose name is to be included in the passport, state nature of the order or direction overleaf.

10 PARTICULARS OF PREVIOUS PASSPORT WHICH HAS BEEN LOST OR IS NOT AVAILABLE FOR PRESENT USE

No. Issued at On

Bearer's full name at time of issue

Circumstances in which passport was lost or destroyed, or other reason for its non-availability:

.....

.....

.....

Place and date of loss

What measures were taken at the time to report loss and to obtain recovery?

.....

.....

Has loss been reported to police?

I certify that the above particulars are correct and undertake in the event of the passport coming again into my possession to return it to the

Passport Office.

Signed

Date

SUPPLEMENTARY INFORMATION

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Submitted by:

FOR OFFICIAL USE ONLY

OFFICE STAMP

Passport Fee: \$ Penalty Fee: \$

Receipt No.: Penalty Fee Receipt No.:

Received by:
(Full name, Rank and Number)

Checked by:
(Signature)

Passport signed by:
(Signature)