

APPLICATION REQUIREMENTS FOR CHILD OF GRENADIAN CARIBBEAN COMMUNITY GRENADA MACHINE READABLE PASSPORT

- 1 <u>Please read and follow instructions on the first page of application form.</u> IF MAILING YOUR APPLICATION, PLEASE USE AN EXPRESS SERVICE THAT CAN BE TRACKED.
- 2 If applying for passport for the first time, Applicant <u>MUST</u> also complete the <u>First Time Applicants Questionnaire</u> and attach to application and appear <u>in-person for interview at the Consulate</u>.
- **3** Applicant MUST sign form in the space provided above Section 1 and in Section 10.
- 4 Applications **MUST** be handwritten, using a **BLUE** or **BLACK** ink and in **BLOCK CAPITAL** letters.
- 5 Applicant MUST complete Sections 1, 3, 4, 5, 7, & 10 and if applicable Sections 2, 8, and 9.
- **6** Applicants who are married, divorced or separated **MUST** also complete Section **2**.
- 7 Applicants born outside of Grenada **MUST** also complete Section **4**.
- 8 Section 11: To be completed by the Recommender. Recommender <u>CANNOT</u> be a relative (direct or in–law) of the applicant and <u>MUST</u> also endorse the reverse side of **ONE** of applicant's photos as indicated in the instructions on the first page of the application. See RECOMMENDER and PHOTOGRAPHS section of Passport Application Instructions for details ("I certify that this is a true likeness of the passport holder Mr./Mrs./Miss......").
- Two passport size pictures no more than **six** (6) months old **MUST** be submitted with application. The **Recommender** in **Section 11 MUST** endorse the reverse side of one of the pictures. See **Item 8** above for details.
- 10 Specifications for photographs:
 - i. No glasses.
 - ii. No hair bands visible.
 - iii. No big earrings.
 - iv. Ears must be visible.
 - **v.** Hair must be away from face and not covering the forehead.
 - vi. Chest must be covered.
- 11 Children under the age of 16 years MUST have written consent of parent/legal guardian when applying for a passport.
- **12** Female **AND** male applicants if *married*, <u>MUST</u> supply their **ORIGINAL** Marriage Certificate. If *divorced* please supply **ORIGINAL** Divorce Decree. *All documents will be returned with new passport*.
- **13** Applicant **MUST**:
 - i. Submit your PARENT(S) ORGINAL Birth Certificate, and
 - ii. Submit YOUR ORIGINAL Birth Certificate, and
 - iii. Submit Certificate of Naturalization or Registration (if applicable), and
 - iv. Submit Application Form, and
 - v. Submit First Time Applicant Questionnaire Form, and
 - vi. Submit photographs per specifications, and
 - **vii.** Submit appropriate money orders

PLEASE READ ALL INSTURCTIONS ON APPLICATION FORM FOR FURTHER DETAILS

Caribbean Community Grenada Passport Fee Schedule within the USA				
Ітем	FEES			
New Caribbean Community Grenada ePassport (36 pages)	US\$250.00			
Express Service Fee (returns within five business days)	US\$50.00			

RETURN POSTAGE AND HANDLING FEES if you live within mainland USA				
Overnight Express Mail US\$ 45.00				
RETURN POSTAGE AND HANDLING FEES if you live outside mainland USA				
International Express Mail	US\$	75.00		

NO PERSONAL OR COMPANY CHECKS ARE ACCEPTED

CASH ACCEPTED IN PERSON ONLY

CERTIFIED CHECKS AND MONEY ORDERS (PAYABLE TO EMBASSY OF GRENADA)

PASSPORT APPLICATION FEES AND COURIER FEES MUST BE SEPARATE MONEY ORDERS OR ENTIRE

APPLICATION WILL BE RETURNED

Failure to follow all the preceding instruction will result in <u>unnecessary</u> delays in processing and obtaining your Passport.

MAIL TO: CONSULATE GENERAL OF GRENADA



GRENADA IMMIGRATION AND PASSPORT DEPARTMENT FIRST TIME APPLICANTS TRAVEL DOCUMENT QUESTIONNAIRE

What is your name and surnam	e?				
What other names are you know	wn by?			• • • • • • • • • • • • • • • • • • • •	
What is your date of birth? D	/M		/Y		
What is your present address?					
What is your occupation?					
Did you ever travel overseas?	Yes 🗆 No				
If above question is yes , state th	ne countries:				
				• • • • • • • • • • • • • • • • • • • •	
Are you the holder of a foreign	travel document? Y	es 🗆	No \square		
If yes, state:					
Country	Passport No.		Expiry Dat	æ	
Have you or anyone else applied	d for any Grenadian tr	avel document o	n your behal	f? Yes [∃ No □
If yes, state:					
What document		when			
Have you ever reported your tr	avel document lost, st	olen or damaged	?Yes □ N	(o 🗆	N/A □
If yes, state:					
Mhan	whore				

Officer Signature	Date
For Official Use Only:	
Lawyer/Notary	
Sworn to before me this day of 20_	·
Signature	
Grenada . Knowing that if it is tender in evidence I shall be liable to prosin it anything, which I know to be false or do not believe to be true.	secution if I willfully stated
questions consistent to the Passport Act Chapter 226 of Volume VI of	



PART A

INSTRUCTIONS FOR COMPLETION OF CARIBBEAN COMMUNITY GRENADA PASSPORT APPLICATION FORM

(regulations 3 and 4)

GENERAL INSTRUCTIONS

- All relevant sections must be completed.
- Answers should be clearly written in CAPITAL LETTERS.
- Where an applicant is outside of the State of Grenada, he or she may submit an application at the nearest Embassy, Consulate or Mission office.

SIGNING THE FORM

- The passport holder must sign the form in the space provided above Section 1 and in section 10. If the passport holder is unable to sign, the space must remain blank.
- In the case of a passport holder under 16 years old, the legal guardian of the passport holder must sign section 10.

PASSPORT HOLDER UNDER 16 YEARS OLD OR WITH INCAPACITY

- An application for a passport holder under 16 years old must be made
 by or with the written consent of the legal guardian of the passport
 holder i.e. the parent or the individual who has legal custody and
 proof of legal custody is required.
- Where a passport holder is at least 16 years old but is unable to
 complete the form as a result of mental incapacity, the application
 must be made by or with the consent of the legal guardian of the
 passport holder i.e. the parent or the individual who has legal
 guardianship and proof of legal guardianship is required.
- Where a passport holder is at least 16 years old but is unable to complete the form as a result of physical incapacity, the application may be made by the next of kin i.e. the spouse, parent, child, sibling or other individual empowered by a Power of Attorney.

RECOMMENDER

- Section 11 should be completed by the recommender.
- The recommender should be a Citizen of Grenada who is personally
 acquainted with the passport holder, and is a Member of Parliament,
 Justice of the Peace, Minister of Religion, Medical or Legal
 Practitioner, Established Civil Servant, Principal and other qualified
 Teachers, Bank Official, Police Officer from the rank of Sergeant, or
 any person of similar standing.
- A recommender who is not a Citizen of Grenada is acceptable only if he or she is a Legal Practitioner.
- In case of a passport holder under 16 years or a person with mental incapacity, the recommender should be personally acquainted with the legal guardian of the passport holder for at least 2 years.
- A member of the passport holder's immediate family is unacceptable as a recommender.

DOCUMENTS TO BE PRODUCED

- Every passport holder must produce his or her birth certificate.
- Where the passport holder was not born in Grenada, he or she must
 produce the document establishing that he or she is a citizen of
 Grenada (e.g. the birth certificate of the passport holder's parent who
 was born in Grenada, a certificate of naturalization, registration or
 investment issued by Grenada to the passport holder or his or her
 parent).
- Where the passport holder is married, he or she must produce the marriage certificate and, if applicable, the divorce certificate or death certificate of the spouse.
- Where the passport holder is an adopted child, he or she must produce the adoption certificate.
- Where the passport holder has changed his or her name (other than
 by marriage), he or she must produce the document giving effect to
 the change (e.g. a *deed poll*) and his or her birth certificate should
 reflect the change to his or her name.
- Where a passport holder's previous passport has been lost, stolen or damaged, he or she must submit with the application a *police report* or *Statutory Declaration* outlining the circumstances. Additionally, the passport holder must re-submit all relevant documents.
- All documents (other than photographs and a previous passport) must be submitted in original, along with a photocopy.
- A passport holder who surrenders with the application a previous Caribbean Community Grenada passport is not required to produce any other document other than the photographs, unless the passport holder's name or status was changed subsequent to the issue of the previous passport.

PHOTOGRAPHS

- Every passport holder must either produce *two (2) photographs* of his or her portrait taken within *six (6) months* of the application or submit to live capture of his or her portrait.
- Where the passport holder elects to produce photographs:
 - Photographs must be not more than 2½in x 2in or less than 2in x 1½in.
 - The portrait must be with full face from bottom of chin to top of forehead clearly visible with full facial features, and without headdress unless in keeping with religious customs.
 - Photographs must be printed on normal thin photographic paper and must not be glazed on the reverse side.

The recommender is required to endorse the reverse side of one copy of the photographs with the words: "I certify that this is a true likeness of the passport holder "Mr./Mrs./Miss......"
and add his or her signature.



(regulations 3 and 4)

CARIBBEAN COMMUNITY GRENADA PASSPORT APPLICATION FORM

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

Γ

X

PERSONAL DATA							
TITLE:			MARITAL STA	ATUS:			
□ Mr.			□ Single			Widowed	
☐ Mrs.			☐ Married			Re-married	
□ Miss			☐ Divorced			Separated	
☐ Other (specify:)					
LAST NAME (Family 1	Name):		FIRST, SECON	FIRST, SECOND, THIRD NAME(S):			
MAIDEN NAME (if M	arried Female)	:	ORIGINAL NAME (if name changed other than by marriage):				
Date of Birth (dd/mm/y	y):	Place of Bir	th: Age Last Birthday		ay: Nationality:		
//							
Sex:	Height:	•	Colour of Eyes:	Colour of Ha	air: Spec	cial Peculiarities (Visible):	
☐ Male☐ Female	ft	ins.					
Country of Residence:	II.	Present Add	dress: Permanent Ad-		ddress:	Telephone:	
						Fax:	
Occupation:						E-mail:	
IF MARRIED, DIVOI SPOUSE	RCE, SEPARA	ATED OR WI	DOWED, INFOR	MATION ON SP	OUSE OI	R FORMER	
LAST NAME (Family 1	Name):	I	FIRST, SECOND, THIRD NAME(S):				
MAIDEN NAME (if Fe	male).		Country of Birth:		Nationality:		
(
Date of Marriage (dd/mm/yy): Place of Marriage		Place of Ma	nrriage:		Occupation:		
//		1					
Permanent Address:		Mailing A	Address:		Teleph	ione:	
					Fax:		
					Email:		
State whether married n	nore than once				•		
(If more than once, particulars of previous marriage or marriages should be given in section 9 on page 3.)							

PARTICULARS OF PARENTS FATHER								
	T = 10							
Last Name:	First and S	First and Second Name(s):						
Date of Birth (dd/mm/yy):	Place of	Place of Birth:		Professi	Profession:			
MOTHER								
Last Name:	First and S	Second Name(s):						
Lust i vario.		Tist and second rame(s).						
Date of Birth (dd/mm/yy):	Place of	f Birth:		Professi	on:			
MARRIAGE								
Date of Marriage (dd/mm/	yy): Place of	f Marriage:		Country	of Marriage:			
CITIZENSHIP OF PASS	SPORT HOLDER							
Citizen of Grenada by:								
□ Birth	П	Naturaliza	tion	П	Investment			
☐ Descent		Registratio						
If a citizen of Grenada by birth, attach birth certificate of passport holder.								
If a citizen of Grenada by	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.							
Type of Certificate:	Certifica	ate No.	e No. Date of Issue (dd/mm/y		Place of Issue:			
If a citizen of Grenada by investment and attach a ce	naturalization, registra ertified copy of same.	tion or investr	nent, give particular	rs of certificate nati	ıralization, registration or			
Type of Document:	Docume	ent No.	Date of Issue	(dd/mm/yy):	Place of Issue:			
PASSPORT REQUIRED) FOR TRAVELLING	G TO:			<u> </u>			
		G TO:						
PASSPORT REQUIRED PURPOSE OF TRAVEL		G TO:						
	 :		ED					
PURPOSE OF TRAVEL IF PREVIOUS PASSPO	L: ORT LOST, STOLEN (ED	Place of Issue:	Date of Issue (dd/mm/yy):			
PURPOSE OF TRAVEL	 :		ED	Place of Issue:	Date of Issue (dd/mm/yy):			
PURPOSE OF TRAVEL IF PREVIOUS PASSPO Passport No:	PRT LOST, STOLEN (Full name at issue:	OR DAMAGI						
PURPOSE OF TRAVEL IF PREVIOUS PASSPO	PRT LOST, STOLEN (Full name at issue:							
PURPOSE OF TRAVEL IF PREVIOUS PASSPO Passport No: Place of loss:	PRT LOST, STOLEN (Full name at issue:	OR DAMAGI	Has loss b					
PURPOSE OF TRAVEL IF PREVIOUS PASSPO Passport No:	PRT LOST, STOLEN (Full name at issue:	OR DAMAGI	Has loss b					
PURPOSE OF TRAVEL IF PREVIOUS PASSPO Passport No: Place of loss:	PRT LOST, STOLEN (Full name at issue:	OR DAMAGI	Has loss b		Date of Issue (dd/mm/yy): Police? (If yes, attach copy of pol			
PURPOSE OF TRAVEL IF PREVIOUS PASSPO Passport No: Place of loss:	Full name at issue: Date of loss	OR DAMAGI	Has loss be report)					

I (na		Address:	Telephone: Fax: Email:
IF MI	•		
IF MI	•		Email:
I (na	NOR OR PERSON WITH MENT		
I (na	NOR OR PERSON WITH MENT		
I (na		TAL INCAPACITY, LEGAL (UARDIAN'S CONSENT
, i		The five in North 1, Edding (ONDIAN S CONSELVE
	nme of legal guardian)		the (relationship)
		of (name of passport holder	hereby
give m	y consent for him or her to hold a p	assport.	
Signat	ure		
(Where	e legal guardian unable to sign the j	form, a consent letter may be sub	mitted with the form.)
SUPP	LEMENTARY INFORMATION		
DECL	ARATION OF APPLICANT		
	I declare that the information give	en in the application is correct to	the best of my knowledge and belief, and
	That the passport holder has not le	ost the status of citizen of Grena	la, and
CI	Cd CH :		
	e one of the following:		
	That the passport holder has not h	ield or applied for any passport v	rhatsoever.
			n surrendered other than passport or travel document number no other application for a passport since the passport or travel
	That the passport holder has lost t	he previous passport.	
true ar	d correct to the best of my knowle	dge and belief. I understand that lead to having criminal proceed	pplication and the answers that I have furnished on this form are t any false, incomplete or misleading information may result in ings taken against me. I understand that a passport is the property
			Date:

11	DECLARATION	N OF RECOMMENDER							
	I (name in capitals)								
	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 c	an from my personal know	ledge of him/her vouch for				
	him/her as a fit an	nd proper person to receive	a passport.						
	I have known the	nassport holder for in the	e case of a person under 16	vears or with a mental in	canacity I have known the				
				·	cupacity I have known the				
	11			,					
	This day	of	20 Signature:						
	Profession:		Address:						
	Telephone No:		E-mail:						
	Telephone Ivo		L-man.						
FO	R OFFICIAL USE	ONLY							
DO	CUENTS PRODU	CED TO BE NOTED:							
	port Holder's Certificate	Previous Passport	Parent(s) Birth Certificate	Marriage Certificate	Affidavit				
DIII	i Certificate		Certificate						
Div	orcee Certificate	Certificate of	Letter of Consent	Deed Poll	Photos				
		Registration, Naturalization or							
		Investment							
OT	HER DOCUMEN	TS							
	IER DOCUMEN	10							
		PLICATION WAS REC							
	George's, Grenville	· · · · · · · · · · · · · · · · · · ·	v York, Washington, London	n, Canada, Venezuela, Trin	idad, Other (specify				
		·····,							
Rec	eint No				of Fees Paid				
IXCC	стре 110			Passport:					
Rec	eived by		Date	_					
Che	cked & Approved b	у	Service:						
Sup	ervised by		Urgent						
Pass	port No			Service:					
Date	Date Expired								
	Authority Signature								
DISTRIBUTION									
			Date .						
			Date						